

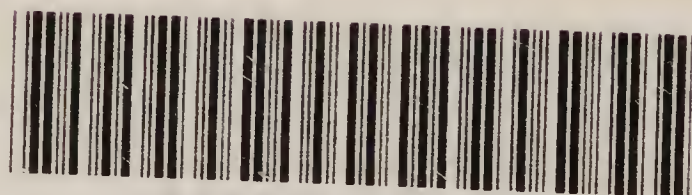
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THE
A M E R I C A N
JOURNAL OF INSANITY.

EDITED BY THE
MEDICAL OFFICERS OF THE NEW YORK STATE
LUNATIC ASYLUM.

VOL. XIII.

The care of the human mind is the most noble branch of medicine.—GROTIUS.

UTICA, NEW YORK:
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AMERICAN JOURNAL OF INSANITY.

VOL. XIII.

UTICA, JULY, 1856.

No. 1.

CONSIDERATIONS ON THE RECIPROCAL INFLUENCE OF
THE PHYSICAL ORGANIZATION AND MENTAL MANI-
FESTATIONS. BY A. O. KELLOGG, M. D., PORT HOPE, CA-
NADA WEST.

THE CEREBRAL AND CIRCULATORY SYSTEMS—THEIR RECIPROCAL AND
SYMPATHETIC INFLUENCES.

THE due performance of the natural functions of these systems is so intimately dependent, the one upon the other, that the pathological condition of either is of much interest to the practical physician and the medical psychologist. The healthy activity, not only of the cerebral system, but of all parts of the organism, is entirely dependent upon the continuous and uninterrupted circulation through the vascular system, of healthy, nutritious fluid. Any cause, therefore, which materially interferes with this supply, either by increasing it, diminishing it, or altering its character—whether it be organic or merely functional—deserves to be thoroughly considered. Next to the brain, there is probably no organ of the body more frequently found in a pathological condition, in cases of insanity, than the heart. Often, in prolonged cases of mental disease, no lesion of the brain has been discovered sufficient to account for the mental disturbance; but extensive disease of this central organ of the circulation, or some of its appendages, has been detected—coeval, in all probability, with the mental disturbance. It is probable that these cardiac affections are more frequently the cause of mental disturbance, than most medical men who

have not paid particular attention to the subject, are aware of. It is, doubtless, something requiring more careful and minute investigation, on the part of the general practitioner, than it has received up to the present time.

So marked is the influence of this organ on the intellectual and moral faculties, that the time-honored custom of referring the seat of the latter to the heart is not, even at this day, so strictly figurative as would at first sight appear. I have little doubt that if the history of every case of disease of the heart, and great vessels, whether functional or organic, could be accurately ascertained, and the moral and intellectual phenomena attendant upon these cases as correctly and minutely stated as the physical phenomena have been, some change from the normal state of these faculties would be found to have existed in every case. Sometimes these changes would be found so slight as to escape the observation of the patient himself, and be entirely overlooked by the medical observer, unless the attention of both had been particularly directed to the matter. From these scarcely perceptible changes in the mental and moral powers, resulting from cardiac disease, we may have every grade of mental and moral disturbance, even to complete mania and general insanity.

The following case, which came under the observation of the writer some two years since, is interesting in illustration of derangement of the moral faculties in connection with, if not dependent upon, functional derangement of the heart. This resulted from mental and moral excitement, aggravated by excessive smoking, and irregular habits, as regards diet and bodily exercise, common among students, and particularly clergymen and literary men.

Rev. J. M., a clergyman of the Presbyterian church and a native of Ireland, aged about 25, unmarried, of a nervous, excitable temperament, and possessing, in no small degree, the vivid imagination and impassioned eloquence of his countrymen, without that solid reason and judgment, so necessary to control and direct these faculties. He had been educated at Belfast most carefully by a pious and exemplary father, who was an elder of the church with which his son was connected, in Ireland. After being licensed, he came to this country, bringing with him the very highest testimonials as to scholarship, talents, and Christian character. He was appointed to the pastoral charge of a congregation scattered over comparatively new townships, and for two or three years labored hard, riding sometimes ten or fifteen miles on horseback, and

preaching three times on the Sabbath, besides performing the weekly duties incident to the charge of a large congregation. His labors were attended with eminent success, and for several years peace and harmony reigned among his flock, and he was greatly beloved and respected.

Soon, however, it became evident to me that his excessive and irregular labor was beginning to manifest itself injuriously upon his physical, mental, and moral organization. He was urged to take better care of himself. Little attention, however, was paid to these warnings, and in a short time he became very nervous and excitable. The paroxysms of nervous excitement amounted at times to positive insanity.

He became morbidly fanciful; thought some of his countrymen, of the Roman Catholic persuasion, upon whose religion he had made some severe strictures, were laying wait for him to revenge themselves and their religion by murdering him. Though there were no grounds whatever for this belief, so persuaded was he of the reality of it, that he armed himself with revolvers, to be prepared to defend himself and his cause, "to the death." Once he asserted, and, I am confident, believed, that he had been set upon by these ruffians, whom he fancied were pursuing him wherever he went, and showed a brother clergyman and myself the pistols with which he had defended himself, and fired them off, to the astonishment of his brother, to let him hear, as he said, "how they would crack." He asserted that he escaped from the "ruffians" by firing his pistols at them, and putting spurs to his horse. Either upon this or a subsequent occasion, he rode his unfortunate horse until he laid down and died. No one who heard his statement could for a moment doubt that he believed in its accuracy, whatever their own opinion might be. This is only one of the most prominent of his many morbid fancies, and is sufficient to illustrate his mental state without taking up time and space reporting others.

His morbid fancies about his own physical ailments were, however, most marked and painful. He was possessed with the idea that he had organic disease of the heart, and that, in some of his attacks of nervous prostration—his "fits," as he called them—he should die suddenly, unless he was immediately bled. I was once called to see him on a Sunday evening, after he had completely exhausted himself in the performance of his customary duties. He fancied that his heart had gone wrong—in fact, as he expressed it, "turned inside out." He was in great agitation, and insisted on being bled, though he had already made the attempt himself with his penknife when alone. This, as a

means of relief, I, of course, dissented from, and was thereby near losing his confidence. His pulse was quick, weak, and irregular, and, on applying my ear to the region of the heart, where he complained of so much trouble, a bellows murmur was discovered, so loud as greatly to obscure the natural sound of the organ. The bellows murmur and palpitation disappeared, however, entirely upon rest, and the administration of stimulants and mild sedatives, but only to return again with equal or greater violence, after like exciting causes. He continued in this state for some time, without changing his habits or relaxing his labors any more than he was positively compelled to by the violence of his symptoms. In the meantime various medical men were consulted, with no benefit, and he continued to grow worse and worse.

Soon a change in his *moral character* was observed by every one, and spoken of as exceedingly strange; and so great was this change, that his conduct appeared to give the lie to all his antecedents, and in the eyes of many of his rigid Calvinistic judges, to stamp as a consummate, hypocritical impostor, him, who had all his life, up to within a few months, lived "after the most straitest of his sect." During all this time he preached eloquently as before, and gave the impression of a man who, *knowing* everything theoretically, was nevertheless totally incapable of *being* practically, anything he had been, or should be. The history of his many moral derelictions during this state, and before he was brought to account, by an attempt to investigate his conduct before a committee of the presbytery to which he belonged, would fill a moderate-sized volume, and one which would be sadly interesting as well as curious, and sometimes amusing. The investigation revealed some strange and unaccountable circumstances. His intellectual powers being unimpaired, he conducted his own defence with great skill and ingenuity. The committee found in him a wary adversary, not easily anticipated, and one whose weapons were keen and polished, and ever ready for the conflict. The committee were completely at a stand to know what to do. There was, as one remarked, a "strangeness" about him. The entire manner of his defence, which, in their ignorance of the fact that certain powers and faculties of the mind could be impaired, and so much under the influence of disease as to make the individual affected an entirely different character, rendered the drawing-up of their report a matter of some difficulty. The high position he had held in the Church, as a man of eloquence and ability, and the great

promise of future usefulness which, up to a few months, he had given, caused them to pause before giving in a report which would silence forever his eloquent tongue. On the other hand, there were the facts of the case staring them in the face, which could not be overlooked. In the midst of all this perplexity I wrote to one of the committee, stating my views of the nature of his case, and gave it as my professional opinion, that he was evidently affected with partial insanity, giving, at the same time, such reasons for my opinion as induced them to coincide entirely with my view of his case; recommending, at the same time, that he be induced quietly to resign his pastoral charge, and either travel to regain his health, or, if that could not be, to enter upon another and distant field of labor. This advice was followed, his resignation was accepted, he rested some months from his clerical labors, and after this assumed the pastoral charge of a congregation in the state of New York, since which I have heard nothing from him. Was there any connection, in this case, between the physical disturbance, the palpitation, the bellows sound, and the morbid moral manifestations? The former preceded, and, during my observation of the case, accompanied the latter.

Though, in the present state of our knowledge of this intricate, and, to every one, most vitally important subject, we may be unable to determine the precise nature of the influence the one had upon the other, still it is to be hoped that it will receive, at no distant day, that attention from the moral philosopher, the jurist, and particularly the medical psychologist, which its great importance and delicacy demand. One of the best illustrations of eccentric delirium, or that which results as a secondary affection of the pathological state of some distant organ, and affecting secondarily the cerebral functions, is furnished us in the peculiar delirium which results from endocarditis and pericarditis. Before auscultation had contributed so much to the diagnosis of cardiac affections, the head symptoms which so frequently resulted from these served greatly to mislead the practitioner, by abstracting his attention from the true seat of the disease to the cerebral structure, to which it was supposed to be transferred. Such cases were regarded and treated as examples of true metastasis to the brain. The remedies for meningeal inflammation were directed with mischievous activity to this organ; yet, after death, no traces of any primary pathological disturbance of this organ were discovered; or, at least, not sufficient to account for the delirium, violent mania, convulsions, stupor or coma, which had

characterized the course of the disease. Evidences of excessive endocarditis or pericarditis were found sufficient to interfere with the due supply of blood to the head, and greatly to influence the cerebral functions secondarily. Cases illustrative of these sympathetic cerebral disturbances, particularly those resulting from acute rheumatism, must have been observed by every experienced practitioner. Some four years since I attended a patient in whom the cerebral disturbance, consequent upon intense rheumatic inflammation, was very marked. His pulse was frequent and small, he was bathed in perspiration, which had the peculiar, sour smell of this disease; the bellows murmur was very loud, and all the distressing symptoms of this awful malady were apparent.

He would converse rationally and answer questions correctly, but seemed odd in his manner, confused and restless, yet conscious of the danger he was in. When left to himself he appeared affected with a peculiar, quiet, busy delirium. He fancied that he was absent from home, and appeared conversing, in a low and muttering voice, with the imaginary personages by whom he supposed himself surrounded. Though in his own house, and surrounded by his family and friends, he appeared to express regret at staying so long from home, and expressed a desire to return. When addressed he appeared to rally, as from a disturbed reverie, and then answered questions and conversed rationally. Before death he became wild and restless, requiring restraint to prevent him from getting out of bed.

Several cases in which the cerebral disturbance was attendant upon rheumatic inflammation of the heart, or its appendages, have come under my observation, the notes of which I am unable to find. But the following interesting reports of cases in illustration of this sympathy, which I take from the work of that admirable observer, Dr. Watson, will more than supply the deficiency.

The case of Charlotte Rankin, reported on page 690 of his work, is very interesting. "Her illness," says he, "had come on after unusual exposure. The pain and swelling had shifted much from joint to joint. * * On the 14th, two days after admission, she complained of much difficulty of breathing, and pain when even slight pressure was made upon the chest. On the 16th she was observed to be odd in her manner, peevish, querulous, restless, without sleep, and desirous of getting out of bed; pulse 100 to 120, and quite regular; complained of no pain. Some jactitation of the left arm was observed. No sleep. On the

22nd, about nine in the evening, she became furiously maniacal, and it was necessary to confine her by a strait-waistcoat; she continued in this state for upwards of four hours and then died. On examination, the brain was found quite healthy, somewhat fuller of blood than usual, but there was no effusion, or any traces of inflammation. The pericardium was glued to the heart in several places by recent adhesions, and it was universally coated, where not adherent, by a layer of rough, reticulated lymph."

All the symptoms in this case pointed to inflammation of the membranes of the brain, whereas it was strictly confined to the heart. The case of Wilkins, the post-boy, admitted into hospital on the 25th of November, with acute rheumatism, is no less interesting; an abstract of which I give from the same work. He complained of pain in most of the large joints, shifting from one to the other; no redness or swelling, but much fever; pain greatest at night; had profuse perspiration. He had been ill eight weeks, and appeared at one time to be recovering, but relapsed, coughed some, and spoke of pain at the pit of the stomach. He began to ramble a great deal during the night of the 26th, and on the 27th refused to take medicine; appeared confused and stupid, and answered questions tardily and imperfectly. During the next ten days, he remained in a singular state of quiet delirium, rejecting medicine and food, saying he had had enough. When questions were put to him his lips moved, and his limbs began to stir and fidget, as though he were about to answer, yet he said nothing. He understood what was said to him; put out his tongue, when desired to do so—imperfectly, however, and with slowness and difficulty; bowels costive; when purgatives were administered, he passed his stool in bed. Pulse small and frequent; and when the wrist was taken hold of, that the artery might be felt, he always resisted, and forcibly contracted his arms. For three or four days he appeared to improve. His countenance became more lively, but he still showed the same restlessness and maintained the same dogged silence when spoken to, and obstinately refused to take medicines. His pulse became at last very frequent, and his strength diminished rapidly. He died on the 18th of December.

Autopsy.—Cerebral veins gorged with dark blood. Considerable fluid beneath the arachnoid, and in the lateral ventricles. The pericardium was free from disease; but upon the mitral valve, near its edge, there was a perfect row of small, slender, bead-like warts.

The next case given by Dr. Watson, in illustration of this curious

symptom in connection with rheumatic carditis, occurred in a young medical gentleman, his former pupil, aged 24, and is very interesting. The symptoms of acute articular rheumatism made their appearance on the 22nd of December, in the usual way, resulting from the common exciting causes—viz., exposure to cold and wet. The inflammation shifted rapidly from joint to joint. After being confined to bed for six days, he felt better; but, on leaving his room, he suffered a relapse. Pulse became frequent. Complained of slight pain in the epigastrium. No morbid sound was detected on examination. He remained low-spirited, but appeared to be mending slowly till the 3rd of January, when, in the evening, without any notice, or obvious cause, he became restless and delirious. On the following morning he had an anxious countenance, a frequent and irregular pulse, which occasionally intermitted; his mind wandered; the action of the heart strong, and attended, towards the sternum, with a loud bellows sound. The next day his breathing was difficult and “catching;” the pulse 120, hard and wiry. He lay in a sort of stupor, though not unconscious, for he put out his tongue when requested, and answered a few questions pertinently, after they had been frequently repeated. He had, says Dr. Watson, the air of a person obstinately determined to say as little as possible. He became more distinctly delirious towards evening. The next day his pulse and breathing were both so frequent—respectively 148, and 78, in a minute—that he was thought to be dying. A distinct bellows sound was audible near the mamma.

On the 8th his condition was apparently more hopeful. He was calm, had no dyspnœa, and conversed more readily, saying, sometimes, that he felt as if he were dead—sometimes, that he was burned up. He complained of pain in the right temple; pulse about 100; bellows sound very manifest. On the 9th, says Dr. Watson, he again became, first restless, then violently and wildly delirious, screaming out, refusing to take medicine, or to open his mouth when it was offered; yet he evidently knew what we said to him. During the night general convulsions came on in occasional spasms of a tetanic character; in the intervals between them he lay in a state of coma. He survived in this condition till the 12th, when he died.

At the *post-mortem* examination, ten hours after death, both the head and the heart were exposed. Veins of the brain somewhat fuller than natural. The arachnoid slightly elevated by serous fluid collected under the pia mater. There was a small quantity of similar fluid in the lateral

ventricles. Brain quite healthy. There was no fluid in the pericardium; its surface was everywhere exceedingly vascular, but it presented no appearance of lymph, except where it adhered to the posterior side of the heart, over a space of about two inches and a half in length, and upwards of an inch in breadth. The lymph which formed the medium of connection was firm, but evidently of recent formation, and a very slight degree of force sufficed to separate the adhering membranes. The heart was rather small, and the left ventricle had a singular, shrunken appearance externally. Towards the edge of the mitral valve there was a profuse crop of little warty vegetations, of the size of millet seeds, and numerous red lines converged toward them from the base of the valve. The aortic valves all presented curious festoons of similar excrescences—larger, however, and more prominent than those on the summit of the valves.

The case of Frances Kirk, given by Dr. Watson, is interesting from the length of time (two months) during which the patient labored under rheumatic carditis, and manifesting, at the same time, this sympathetic cerebral disturbance. Sometimes she was wildly delirious; at other times stupid, taciturn, and almost idiotic; again she would be quiet and rational. The brain, in this case, was found perfectly healthy, except a slight serous effusion beneath the arachnoid. The pericardium was everywhere adherent to the heart.

Dr. Watson, for reasons which he has set forth, was of opinion, that the serous fluid, found more or less extensively in each of the cases above reported, was not evidence of sufficient pre-existent inflammation of the membranes of the brain, to account for the cerebral disturbance. He says, "That acute inflammation, fixing itself on some portion of the heart, should embarrass its actions, and modify the condition of the circulation through the cerebral blood-vessels, is not only conceivable but highly probable. Any retardation of the venous circulation in the head—any engorgement or congestion of that system of vessels, would be likely, if we reason from analogy of other parts, to produce effusion. Farther on he observes, "That the symptoms referable to the brain, and the quantity of serum found effused there, are both to be regarded as secondary effects of the cardiac disease; that they denoted no inflammatory action of the brain or of its membranes, but were the common result of that inflammation of the heart, concerning the existence of which, the examination of the bodies left us no room to doubt."

The case reported by Dr. Latham, in illustration of this cerebral sym-

pathy, is also interesting; the child had, in the opinion of all who examined him, severe inflammation of the brain, delirium, and convulsions, pointing to its head as the seat of the pain. In three days he died, and, upon examination, not a vestige of disease was found within the cranium; but the heart was exclusively the seat of disease, and no other part of the body exhibited the slightest morbid appearance. The disease of the heart was not confined to its investing membranes, but the most intense inflammation pervaded the pericardium and muscular substance.

The following case, further in illustration of this sympathy, is given by Andral, in his *Clinique Médicale*. A woman was brought to *La Charité*, in a state of delirium, and no account could be obtained of her previous condition. The delirium was remarkable for the obstinate taciturnity which attended it. When questioned, the patient turned a fixed gaze upon the person who spoke to her, but made no reply. Her face was pale, pulse small and frequent. During the two following days the head was frequently drawn backwards. The trunk was shaken at intervals by convulsive movements, and she had subsultus tendinum; but she now spoke and appeared to comprehend what was said to her, but talked incoherently. The pulse was very frequent and intermitting. On the fourth day the delirium ceased. She complained of nothing but great debility. The muscles of the face were almost continually agitated by convulsive twitchings, and the arms from time to time presented a tetanic stiffness. On the fifth day the delirium returned; the patient then fell into a state of coma, and died the next morning.

Neither the brain nor the spinal marrow, nor their membranes presented any appreciable morbid appearance. The pericardium was lined by coagulable lymph, and its opposite surfaces were connected, in some places, by recent bands of adhesion. It contained, also, some ounces of green, flaky serum.

The permanent influence upon the will, and the propulsive energy of character, of chronic diseases of the valves of the heart, the result of acute rheumatic carditis, is shown in an interesting manner by a case which at this time (May, 1856) comes under my daily observation.

The patient, J. H., is a druggist, aged 24, of an active, energetic temperament, suffered some three years since an attack of intense rheumatic inflammation of the joints, implicating the valves of the heart, and giving origin to a bellows murmur which has continued ever since. This condition of the valves gives no marked inconvenience under ordinary cir-

cumstances, and he attends strictly and actively to his business. Any derangement of the system, any mental or moral excitement, however, increases the vascular activity. The bellows murmur is rendered more loud, and frequently gives rise to paroxysms of palpitation, which he is, he says, mostly able to control by an effort of the will. These paroxysms are particularly controlled, when they result from mental excitement, by assuming the horizontal position, and turning the attention entirely from the subject which has excited him, to something else. As he is an intelligent person, accustomed to mark and analyze his own feelings, I questioned him particularly as to the influence of this state of the central organ of circulation on his temperament, and he expresses a consciousness of a change in his disposition and character, since becoming affected with vascular disease. He is more easily excited than formerly; has less inclination for exertion, either physical or mental; and is far more easily disturbed by trifling causes; has less decision and firmness than was natural to him before his heart became affected; is more anxious and apprehensive as to the result of business transactions; in short, "has less heart" to undertake, and prosecute successfully the ordinary duties of life.

One of the singular and interesting phenomena attendant upon disease of the heart, either functional or organic, is its influence on the cerebral system during sleep, in the production of frightful and disturbing dreams, incubus, and sometimes hallucinations, in connection with these.

We have seen that a peculiar form of insanity and delirium is a very frequent attendant of cardiac disease. The patient is, as we have frequently observed, in a kind of reverie, or waking-dream; and in which state, though lying with open eyes and capable of having the attention directed in a moment to any subject by those around, yet appears, when left alone, abstracted. The greater part of the external senses, in this condition, seem to be closed to the impressions of surrounding objects.

Dreaming has a close alliance with certain forms of delirium, and the physical causes, which, in diseases of the heart, produce the latter, operate, no doubt, in some peculiar manner, not yet satisfactorily ascertained, in producing the former phenomenon; and the patient talks or mutters in his imperfect sleep, in the same manner as in the reverie above alluded to. Anxiety and fearfulness are almost constant attendants of the waking-state of persons affected with cardiac diseases.

The dreams which occupy their sleeping moments seem influenced by the causes, whatever these may be, which give rise to the fearfulness and anxiety of the waking-state. Their sleep, if it can be called such, is frequently disturbed, and they start up frightened, and look about themselves with a wild and agitated expression of countenance.

Hallucinations sometimes attend this state, and the patient is tortured by the sight of phantoms and horrid spectral objects, which appear, not only in the darkness of night, but in the day-time. De Boismont speaks of having seen several cases of this kind. Several cases of hallucination from diseases of the heart have been published by M. Saucerotte*. He mentions, among others, that of a subaltern officer, who labored under hypertrophy of the left ventricle. He thought he saw white phantoms, of grotesque forms, standing before him in menacing attitudes. He was confident he was the dupe of phantasmagoria, but, dreading the ridicule of his brother officers, he dared not own with what a strange affection he was tormented.

The influence of hypertrophy, and hypertrophy with dilatation, of the left ventricle of the heart in inducing congestion of the brain, and apoplexy, have been particularly dwelt upon by the late Dr. Hope, in his work on diseases of the heart. "Eight or nine cases," says he, "of suddenly fatal apoplexy, and numerous cases of palsy from hypertrophy, have come under my observation within a few years;" and he is of opinion that more cases of apoplexy arise from this cause than from any other. "It appears to me," continues Dr. Hope, "that the full connection between diseases of the head and those of the heart, in reference not only to hypertrophy, but to dilatation, softening, and diseases of the valves, has not yet been duly estimated, either by medical writers or the general body of the profession." "Nor is it," continues he, "to apoplexy alone, but, on the same principle, to cerebral inflammation, and irritation of every description, that hypertrophy of the left ventricle gives a tendency. The history of individuals afflicted with these forms of disease not unfrequently presents a striking narrative of headaches, brain-fevers, various inflammatory complaints, and states of great nervous irritability and excitation." I have thus far confined myself to the influence of the central organ of circulation on the mental and moral manifestations. Space does not allow of my entering

* De l'influence des maladies du cœur sur les facultés intellectuelles et morales d l'homme. *Annal. Méd. Psychologiques*, t. iv, Sept. 1844, p. 177.

more fully upon the investigation of these interesting and important sympathies at present. The pathological states of the blood-vessels and the circulating fluids contained in them, and their influence upon the mental faculties, are no less interesting, and remain to be considered on a future occasion.

In conclusion, I would urge that those journals which have seen fit to transfer these articles to their columns, would call the attention, more particularly, of general practitioners, to the importance of collecting facts upon the subject to which they relate. The sympathetic relations, which have therein been dwelt upon, would then be set forth more prominently to those, to whom these investigations appertain, equally with the medical psychologist. The future elevation of medical science, we are fully convinced, is more intimately connected with this hitherto almost unexplored field of examination.

CASES OF INSANITY ILLUSTRATIVE OF THE PATHOLOGY OF GENERAL PARALYSIS. BY JOSEPH WORKMAN, M. D., MEDICAL SUPERINTENDENT OF THE PROVINCIAL LUNATIC ASYLUM, TORONTO, CANADA WEST.

Read before the Association of Medical Superintendents of American Institutions for the Insane.

THE form of cerebral disease which the following cases are intended to illustrate is that which Esquirol has, somewhat inappropriately, designated general paralysis. This condition of the muscular system is but rarely met with in the insane of this country, unless at the very eve of dissolution. Partial paralysis, and that confined generally to one of the lower extremities, with a perceptible decrease of power in the muscles of one arm, more obvious in the flexors, is indeed of too frequent occurrence. Defect in the muscular power of the tongue is an almost invariable concomitant of the disease, or very frequently its distant outrider.

The cases which will be described have all occurred in male

patients. Though the morbid lesions are characterized by great diversity, and no two of the cases present any notable similarity, it is deserving of being mentioned, that during my period of observation not a single autopsy of a female has been made, presenting any marks of similar cerebral disease, nor has a female case occurred exhibiting symptoms approximating to those of the cases which are now submitted.

Brain-softening is certainly a formidable lesion, as, indeed, is softening of any other organ. Careful autopsical examination of the reputed victims of this malady will not, however, fail to prove that it is by no means an unfailing concomitant of paralysis in the insane; and that other morbid lesions of the brain and its investing membranes are, perhaps, more constantly associated with loss of muscular power.

In the seventh case which is here noted, the softening of the brain was perhaps more advanced than in any of the others; and yet, beyond the paralysis of sensation, complained of by the young man, we are not aware of a single additional symptom which might be regarded as indicating cerebral softening.

The fourth case was decidedly one of chronic hydrocephalus; and yet the meninges must have passed through an inflammatory process analogous to the diseased action which occurred in some others of the cases, yet without any paralytic phenomena.

The first case was one of intense, yet not rapid, cerebral disease. Paralytic symptoms were present; but no softening of the cerebral substance was observed.

At the present time there are under treatment in the Provincial Lunatic Asylum two male patients, in whom are the clearest indications of cerebral disorganization, which will eventuate in general paralysis. One of them has had an apoplectic fit, has lost much of the power of one side, and speaks very indistinctly. The other has passed, in one of our public hospitals, through a severe attack of cerebral inflammation. He drags one foot slightly; speaks very slowly, and with a drunken thickness of the tongue. Both are great eaters, and have become very corpulent. An apoplectic breaking-down may be expected in each: and yet we know not whether we should retard the crisis, by stinting their diet, and enforcing a prudent regimen.

The sixth case which is given in this paper was decidedly improved by elopement from the asylum into the free, country air, and a large indulgence in alcoholic beverages. The conservative action of alcohol on the dead brain is well known, and is duly appreciated by the

dissector ; but whether free potations of this fluid always improve the living brain, when it takes on a softening tendency, we should hesitate to assert.

The morbid lesions and deposits found in the brain, in these cases, appear to indicate diseased action of a decidedly inflammatory character. Are we devoid of all means of controlling or arresting the disease, or is it only in the earliest stages that it is amenable to treatment ? At the period of its existence in which it is usually encountered in hospitals for the insane, very little can be hoped from any plan of treatment. The ordinary remedies against inflammatory disease would be found rather to hasten than to retard the fatal issue.

Esquirol mentions as two of its earliest, or at least its earlier decisive symptoms, impairment of the speech, and a peculiar mental weakness, which often assumes the form of ambitious monomania. The second stage which he ascribes to the disease is that of mania ; and its third and last, confirmed dementia, with general paralysis.

Unless we learn to detect earlier symptoms than any of the above, we must long remain powerless in all our endeavors to avert the deadly progress of this malady.

CASE 1ST.

M—— C——, a male, aged 30, a laborer, native of Ireland, married, was admitted into the Provincial Lunatic Asylum at Toronto, on the 15th July, 1853. He was then unable to walk without assistance ; even when supported, he moved with great difficulty. It was learned that this defect of muscular power had been of many months' duration, and was gradually increasing. The expression of his features was wild and vacant. The pupils were dilated, but the left considerably more than the right. The most striking symptom was constant and fierce grinding of the teeth. He had been subject to this for a long time ; and, some weeks before admission, he had gnawed off the first phalanx of the thumb, and of the index and middle fingers of the left hand, and much of the soft-parts of the wrist. He had a large, sloughing bed-sore over the sacrum. His urine and fæces passed from him unconsciously. After admission due attention to the case was given, but the prognosis was one of sufficient certainty. The grinding of the teeth became, if possible, more constant and harsh ; and he had with it persistent, muttering delirium. There were, however, well-marked remissions in the accompanying febrile disorder. He slept only on alternate nights ; and in the

afternoon had excessive sweatings. Towards the termination of his illness the pulse became harder and more frequent; and, finally, weak and thready. He passed into a state of coma, and died in the eighth week after his admission. This man's case had been pronounced by several members of the medical profession, one of softening of the brain. The paralysis present was, perhaps, the only symptom which might indicate such a conclusion.

The *post-mortem* facts show how very erroneous was the opinion. The body was examined shortly after death. The hairy scalp was found very loose. The general contour of the head was not remarkable. The cranial bones were of ordinary thickness and consistence. On cutting through the dura mater, an enormous quantity of clear serum, probably above a pint and a half, was found to have been contained in it; and the brain was found compressed to about half its proper size. The pia mater was in a state of high vascularity. At the base of the brain extensive adhesions of the membranes, with large lymph deposits, were found. The structure of the brain itself was normal; its gray and white parts were in their due proportions.

This case appears to have been one of long-continued inflammation of the meninges of the brain, relieving itself by a gradual effusion of the serous portion of the blood of the extreme vessels. The compatibility of the continuance of life with the presence of so large a quantity of effused fluid, and the consequent pressure exerted by it on the brain, can be accounted for only on the supposition that the deposit took place slowly; and that a corresponding, or accommodating, atrophy of the organ took place.

This patient, at the commencement of his illness, and throughout its course, suffered intense pain of the head, a symptom which is scarcely, if ever, found present in cases of cerebral softening, with paralysis.

CASE 2ND.

W——— Y———, a male, aged 30, unmarried, a shoemaker, native of Scotland, of very intemperate habits, had, in the preceding four or five years, several attacks of delirium tremens. He was admitted into the Asylum on the 28th of Feb'y, 1854; and was stated to have then been insane about one month. He was restless and mischievous to an extreme degree, though not at all malicious. He could not be kept clothed, either in bed or out of it. He tore up his blankets and bed-covers into long strips, which he hung round his neck; and, when

spoken to on the subject, he explained that he was cutting up fine calf-skins and morocco, and intended to make large presents of boots and shoes to all around him. He was very liberal, also, in Scotch toddy, Leith ale, and even champagne, with which he would treat as many as might honor him with their company. He had very enlarged and comfortable ideas of his exhaustless wealth in the above and many other materials. His speech was slow; at first as if very deliberate, but finally dragging and muffled; ultimately it became almost obliterated. His appetite was good. He said he had no pain in the head, nor in any other part. He kept more or less on foot until the end of May. Though his gait indicated muscular feebleness, and was rather unsteady, it was not paralytic. His appetite began to fail, and he took to bed. He gradually sunk into a comatose state. The left pupil was dilated; the right was contracted. There was considerable muscular rigidity until shortly before his death, which took place on the 11th of June.

The *post-mortem* examination was made a few hours after death. On opening the head, a false membrane, consisting of two folds, was found investing the whole convexity of the cerebrum. This membrane was divided into a large number of separate, flattened sacs, which were filled with bloody and serous effusions. It was easily lifted from the subjacent arachnoid, and when withdrawn had the form of a night-cap. On the surface of the cerebrum were numerous spots and streaks of lymph deposit; and the substance of the brain at these spots was much more vascular than elsewhere. The cerebrum was considerably softened throughout; but the appearance of the cerebellum was normal.

The state of the other parts of the body was not remarkable, excepting the chest, where several pleuritic adhesions (an autopsical appearance of almost universal presence in the insane) were found. On the left side were found imperfectly ossified calluses, in the third, fourth, and fifth ribs, and in the second on the right side.

CASE 3RD.

W—— C——, a male, aged 21, unmarried, a native of Ireland, was admitted November 21st, '1853, and was said to have been insane for only seven days previously. This patient was found to be excessively addicted to masturbation. He had not, however, the sly, stealthy, and cast-down aspect of this class of lunatics. He was active, noisy, an inveterate whistler, and quarrelsome. He continued in the asylum for nearly eight months, during which time nothing remarkable

in his health was observed until about three weeks prior to his decease, when his appetite began to flag, and he became languid and feverish. In a few days the pupils were observed to be dilated, and he had frequent, copious sweats. Three days before death his breathing became labored and stridulous. He passed into a comatose state, and expired on the 10th of July.

On removing the calvarium, the glandulæ Pacchioni were found to be very numerous and large; the dura mater thickened and adhering to the cranium; the pia mater was very vascular; the substance of the brain was much softened; the thalami nervorum opticorum were greatly disorganized; there was considerable serous effusion in the ventricles; and along the base of the brain, anterior to the medulla oblongata, and stretching to the surface of the pons varolii, was a large deposit of pus. The general surface of the cerebrum was covered with lymph deposits. The cerebellum was much disorganized, and covered with lymph.

CASE 4TH.

J——s N——n, a male, aged 32; a native of Ireland; inmate of the Asylum for nearly five years. Stated by the attendants to have been formerly epileptic, but not so latterly. His head was very large, and, phrenologically, well formed. He was a very quiet patient, though rather peevish and childish. His general health was feeble. He had no marked symptoms of formidable disease until a few days before death, three weeks prior to which, he complained of pains in various parts of his body, and in consequence was confined to his bed. On the day preceding his death he had a fit of syncope, from which he soon rallied, but suffered under a subsequent difficulty of breathing, and depression. In a few hours afterwards he complained of a pain across the lower part of the chest, to relieve which a mustard cataplasm was applied, but without benefit. On the following morning he fell into a state of collapse, and expired.

Post-mortem examination was made during the same day. The dura mater was found thickened, and strongly attached to the cranium. The arachnoid and pia mater were very vascular, especially at the base. On opening the lateral ventricles, they were found to contain a large quantity of water, by which they had been so distended as to appear many times their natural size; and the adjacent portions of the brain were very firm, as if from pressure by the fluid within. The base of

the brain was softened. The orbital processes of the frontal bone stood unusually high, and thus decreased the size of the cerebral chamber. The basilar arteries were ossified. The medulla oblongata was very soft.

On opening the thorax, the lungs were found adherent to the ribs, by pleuritic deposits, of old formation. The upper lobes of the lungs were filled with tubercles, but no cavities were discovered. A large cyst, with very thick, membranous walls, and containing about a pint of serum, was found in the right thorax, under the lower lobe of the lung, and resting on the diaphragm. The heart was dilated to more than double its normal size. The arch of the aorta was likewise dilated. The auriculo-ventricular openings, and the columnæ carneæ were covered with fibrinous deposits.

The liver was twice the natural size, but of healthy appearance. The spleen also was enlarged. The pancreas was slightly indurated. The mesentery was thickened, and its glands were much enlarged. On several spots in the tract of the intestinal canal, ulceration of the mucous membrane was observed.

CASE 5TH.

I—c P—ll, a male, aged 48, an Englishman, admitted 4th Nov., 1853. Continued an inmate until his death on 3rd Feb'y, 1855 : was stated to have been insane for one month before admission.

His insanity was characterized by great restlessness, extreme simplicity, and incessant talking. His discourse was all in poetic measure ; and the readiness with which he found his linear rhymes might have been envied by many of our modern poets. He was a poet of the peripatetic school—he walked whilst he sang, and a certain space round his bed-room served as the measuring-tape of his verses.

Whether in all versification a certain dash of insanity is not essential to correct prosody, may be a question for future, useful discussion. In every asylum we are sure to find some patients who speak only in verse. They have their periods of inspiration too, but they alternate, sometimes, with sad gaps of mental exhaustion.

During the second winter of his residence in the Asylum he became very feeble ; and his articulation, which had formerly been characterized by a measured slowness, now became thick, indistinct, and dragging. His gait was unsteady and tottering, and a total mental vacuity appeared to obtain. About two weeks before his death he was found constantly

gnashing and grinding his teeth. Muscular twitchings in the face and arms were observed. The pupils were much dilated for a day or two before death.

Post-mortem examination showed the brain to be much softened, and all its vessels distended with blood. A large quantity of serum was effused between the arachnoid and the pia mater, and the ventricles contained a quantity of sero-sanguineous fluid.

The spinal marrow was examined throughout its whole extent, and a large quantity of serum was found in the canal. The cord was remarkably soft, and its vessels much congested.

The heart was atrophied; its outer surface was nodulated, and a coat of coagulated lymph, of former deposit, covered it. The arch of the aorta was largely dilated.

In the diaphragm, over the right lobe of the liver, was found a large cartilaginous formation. The liver was large, soft, and tawny-colored.

CASE 6TH.

S——l McC——y, a male, aged 45, a native of Ireland, latterly of very intemperate habits. This patient was first admitted into the Asylum on the 2nd of May, 1854. He had a halt in his walk, manifestly the result of a partial paralysis. His speech also was affected. His ideas were of the most lofty order. He invested £10,000 in the Asylum within an hour after his entrance, and made most munificent donations to numerous charitable institutions. He proposed very soon to proceed to Rome, on a visit to the Pope, with the view of inducing his Holiness to make him a bishop, and place him at the head of one hundred young priests, with whom he was to return to Canada, and evangelize the whole country. His daughters, he said, had all taken the veil; and his wife was soon to become a nun, and to found many convents, all of which he would himself amply endow. After six weeks' residence in the Asylum he became impatient of restraint, and made his escape. In the meantime he had improved much in his bodily condition, and had become a little less visionary in his speculations. He was not long at home until he began to evince his reforming propensities. He had some books on divinity and church history, on which he placed a high value; and to improve their exterior, he took a whitewash brush, and gave them a good coating. His friends sent him to the country, where he had good air and free exercise.

On the 24th of February, 1855, he was brought back to the Asylum, and certainly looked better than when he had left it, eight months previously. He was ruddy, and rather robust, and his speech was not so indistinct as at his former entrance.

The opinion was expressed, on his re-admission, that he would soon deteriorate in an asylum, and that his friends had, by withdrawing him from the country, and its congenial pleasures, adopted the surest course of bringing his case to an early and fatal termination. The symptoms of brain-softening and general paralysis, which, in his past months of rustic indulgence, had manifestly receded, soon began to exhibit themselves in a very threatening form. He spoke with gradually increasing difficulty, his unsteadiness of gait increased, and in three months he could not rise from the bed without the almost certain risk of losing his balance and falling at length. The sphincters of the bladder and anus shared in the paralysis. Bed-sores soon formed. A series of apoplectic seizures were ushered in by severe chills; after each the paralytic symptoms remained more aggravated. Finally, the power of speech almost entirely failed. There were severe muscular twitchings on one side, with dilatation of one of the pupils. The breathing became slow and labored, and he expired in a state of exhaustion, free from coma.

The *post-mortem* examination was made twelve hours after death.

The integuments of the head, as well as the bones themselves, were thin and dry. The arachnoid membrane was, in numerous places, adherent to the dura mater (or, properly speaking, to its own reflected portion, lining the dura mater), and the interspaces between the adhesions were formed into sacs containing serous deposits. The gray matter of the brain was very much attenuated, and the cerebral sulci were remarkably shallow. The substance of the cerebrum was but slightly softened. The lateral ventricles were filled with serum. The cerebellum and medulla oblongata were much softened, and the theca vertebralis was distended with serum.

The lungs were quite healthy, and free from pleuritic adhesions—a very unusual fact in autopsies of the insane in Canada. The right lung was united to the diaphragm by an osseous formation of an inch in length, by three quarters of an inch in breadth. The heart was free from any abnormal appearance.

The abdominal viscera were all healthy.

CASE 7TH.

G—— R——, a mulatto, male, aged 22, a young man of large stature, and fine, athletic appearance, was admitted into the Asylum on the 5th of July, 1855. He was a native of Maryland, and had been a slave. His insanity was ascribed to excitement at a religious meeting.

After admission he was found to be generally tranquil and very docile, but was subject to short and very violent paroxysms, in which he was dangerously furious. His bowels were usually found constipated prior to these attacks. He complained of want of feeling in his feet, and the anterior surface of his legs, farther up on one side than on the other. He manifested a great desire for education; and frequently was found to be weeping because he could not read. He evinced, also, a strong determination to elope; and on one occasion contrived to escape from the Asylum grounds, but was detected and brought back.

On the twenty-third day after his admission he picked the lock of one of the ward doors, by which he got access to the roof of the Asylum, and thence leaped to the ground, about fifty feet below. Instant death resulted.

A fracture of the styloid process of the radius of the left arm was all the injury which had resulted to the osseous system from the fall. The place on which he descended was a soft meadow-ground, with a thick coat of rich grass.

The brain was found, on examination, very much softened, and in all parts devoid of its proper cohesiveness, so that it broke down on the gentlest manipulation; there was much venous congestion of the organ and its meninges, but no extravasation or vascular lesion.

In all other parts of the body the organs appeared in a healthy state.

CASE 8TH.

W——m R——ts, aged 37, a male, an Englishman, married, by trade a tailor, of industrious and sober habits, and of a religious turn of mind, was admitted into the Asylum, July 6th, 1854, and was then stated to have been insane for two weeks. It was subsequently learned from his wife that he had been disturbed in his intellect for more than a year before coming to the Asylum, and had had occasional chills, followed by febrile reaction. He had complained of severe pain in the head, at times, and a feeling of pressure, or weight, over the skull.

On his entrance he was observed to drag one of his legs, and to walk with an unsteady gait. He spoke with slowness, or great apparent

deliberation, and an occasional dragging, or tripping, of the tongue. When requested to show his tongue, he could not keep it steady; as long as he held it protruded, it quivered incessantly.

He talked a great deal, and delighted in telling of the beauty and excellence of his wife and children, and of large sums of money which he had deposited in the banks. He said he had come to the Asylum on a missionary visit, and he read from the Scriptures and exhorted very largely. His pronunciation was very slow, and sometimes not intelligible. He was always cheerful; said he had no pain in any part. He was very frequently questioned as to pain in the head, but he invariably stated he had none. His appetite became keen; he ate pretty freely, slept well, and became corpulent.

Two months and a half after his admission, he was suddenly seized with very severe rigors. He lost his speech, and became powerless in the lower extremities and in the right arm. He could not protrude his tongue. The pulse was very weak, the face livid, and he had an expression of great suffering.

The alimentary canal was cleansed by purgatives, a blister was applied to the nape of the neck, and generous nutriment and stimulants were administered. In a week he had so far improved as to be able to stand, and could walk, but so uncertainly as to render it advisable to keep him in bed. He talked freely, and expressed a desire to go home. His intellect seemed to be less obscured than formerly. He had a second attack after the preceding. The same treatment was adopted, and he rallied in a couple of days. He remained quiet two days, at the end of which he was taken with much difficulty of breathing, and soon lost all respiratory power, except that by the diaphragm. He died in a very calm state, free from muscular twitchings or coma.

The *post-mortem* was made twenty hours after death. The meninges of the brain were found thickened and opaque. The cavity of the arachnoid contained a small quantity of serum. Large deposits of lymph had been made on the surface of the cerebrum, on both sides of the great longitudinal fissure. A thick coat of pus invested the cerebrum at all parts, both of its external and internal surfaces. The base of the cerebellum had a very copious deposit of pus, which was contained in a false membrane. The substance of both the cerebellum and the cerebrum was exceedingly vascular and very much softened. The situation of the pus was outside the arachnoid. The medulla

spinalis, as far down as could be examined from the foramen magnum, was much softened.

CASE 9TH.

T——s B——k, a male, aged 46, for the last twenty years a soldier in the British service ; was admitted into the Asylum on the 14th of December, 1855. He was reported to have been insane for about one year previous to admission. He was in an emaciated condition ; had numerous cicatrices of old ulcers on the legs, and great distension of the superficial veins of the limbs, as far up as the groins. His hands were constantly cold and blue.

His articulation was stuttering, and rather hurried ; his gait was unsteady and dragging. He was very restless, and even in the coldest weather was found constantly out of bed, fixing and folding his blankets, in military fashion, so as to be fit for marching ; and he was greatly annoyed that he could not find his military clothing and kit. His case was treated by generous diet, a liberal supply of port wine, and lodgment in an extra-warm room.

A short time previous to his death, which occurred in nine weeks from his admission, he had several slight fits, of an epileptic character.

The surgeon of the regiment in which he had served stated to me that he had regarded the case as one of *ramollissement*, and that he had refrained from sending him to England, in the fall, lest he might die on the passage.

The *post-mortem* was held on the day on which he died.

The skull was of ordinary thickness, but contained little diploe, and was very pale. The dura mater adhered, in several places, to the arachnoid ; and on penetrating it, about half a pint of clear water escaped. The pia mater was thickened, very vascular, and abounded in spots of lymph deposit. The gray matter of the cerebrum was much wasted, and the white was remarkably soft.

In the lungs, subclavicular tubercular deposits were found, which, on the left side, had commenced to break up. Nothing calling for notice was found in the other viscera.

INSANITY.—MY OWN CASE.

[The writer of the following, a young gentleman of talent and literary pursuits, was a patient in the New York State Lunatic Asylum. He suffered from an attack of acute mania, attended by considerable physical prostration, following a protracted attendance upon religious exercises. The disease was of five months' duration when he was discharged recovered. The article, which was written for publication in the *OPAL*, possesses much interest, not only from the comprehensive view the writer takes of insanity, but as exhibiting remarkable intellectual strength following so closely his disease.—EDS.]

MAN, the most perfect and complicated in structure of all God's workmanship, is at the same time subject to the greatest number and variety of injurious agencies. This liability is, indeed, a natural consequence of the complexity of his organization. Possessed of a composite nature, in which the material and spiritual elements are strangely interblended and harmonized, he is at once subject to the imperfections and evils incident to both. Add to this the effect of highly artificial modes of life, by which nature seems crossed and thwarted at every turn, and of unnatural habits voluntarily contracted, which add insult to her injuries, and the passage from the cradle to the grave is like running a gauntlet of perils, from which it is really wonderful that so many escape unharmed.

"The ills which flesh is heir to" may be classified under three general heads: those diseases which attack the body exclusively; those which affect the mind exclusively; those which impair the connection between the mind and body, and hence are commonly called nervous. The first of these classes has occupied the attention of men from a very early period in the world's history, and the treatment of it belongs entirely to the science of medicine in its various branches. It is of the second class that I wish to speak.

That species of disease which attacks the mind, producing insanity in its various forms, though it has always been prevalent in the human family, and is often more dreadful in its results than any other, has, till within a comparatively recent period, received but little medical atten-

tion, probably because it has been thought incurable. The ancients considered insanity as a direct visitation from the gods, and the famed hellebore, which grew in the island of Butieyra, was supposed to be a cure for it. In the New Testament the insane are spoken of as those possessed with devils, and the miracle of casting out devils is now supposed to have been the restoring the lunatic to reason. Herman Melville, in "Typee," tells us that in the South Sea Islands lunatics are revered as a kind of inspired or sacred personages, and accordingly allowed the largest liberty. It is only in the most enlightened countries and in modern times that asylums have been founded, and systematic efforts made in the treatment of this formidable and mysterious disease.

France, foremost in the pursuit of science, and at the head of all modern nations in works of public benevolence, has led the way in this also. There commenced that course of treatment now universally practiced, by which such great advances have been made in the art of "ministering to a mind diseased." Instead of chains and brutal cruelty, which only serve to madden still more hopelessly the unfortunate wretch, kindness and sympathy have been substituted; and it has been found that these would often illumine, and sometimes entirely dispel, the Cimmerian night in which many a noble spirit lay enshrouded.

This was a great forward step in the management of insanity, but it was only the beginning; the business of accurately classifying and scientifically treating the various forms of mental derangement has yet to be accomplished. Its types are so numerous and peculiar, that it would be almost impossible ever to arrive at an accurate analysis of all of them. The most comprehensive classification, including all the varieties of mental imperfection and disease by which man is unfitted for the exercise of his powers as a rational being would seem to be something thus: radical deficiency of intellect, which constitutes idiocy; total derangement of all the faculties of the mind, by which the mental equilibrium is entirely overthrown, and the intellect, moral sentiments, passions and appetites are thrown into a complete chaos of elements, of which the primal chaos of the material world was but a feeble type; excessive activity or predominance of some particular faculty, sentiment, or propensity, or the entire occupation of the mind by some leading subject of thought till the perceptive powers become distorted with regard to all objects connected with that object, while they remain correct on all others—this is insanity; disordered state of the nervous system, or the connecting medium between mind and body, which gives

rise to hypochondria, optical illusion, and to which spectral appearances and ghost stories are said to owe their paternity.

All these forms of mental disease are complex in their character, or at least in their first symptoms, and require to be considered under two aspects, physical or physiological, and metaphysical. Since the causes of insanity are usually of a mixed character, and the disease itself almost always so, the treatment should be addressed both to the material and spiritual nature of the patient. This is what renders it difficult. Ordinary insanity often arises from excessive mental activity, by which the nervous energy is withdrawn from the general system and concentrated in the brain. Of the efficient causes of this species of insanity it is not necessary to speak. They are numerous, and will be found enumerated in the journals of insanity; but of the proximate causes or symptoms, want of sleep is the most common and obvious. When a man's "soul gets into his head," to the extent that he can not sleep, he is in a bad way, and had better speedily adopt some means of driving it out again.

People with large, active brains and comparatively small vital powers are peculiarly liable to mental derangement, while, on the other hand, persons of predominant vital temperament have comparatively little to fear from it, for if there is a temporary excess of cerebral action, the heart, lungs, and stomach soon re-assert their supremacy. A scrupulous attention to the laws of health, in relation to free, pure air, abundant exercise, suitable diet, cheerful employments, an abstinence from all exciting agencies, and an habitual exercise of calmness and self-control, will generally suffice, even with persons of high nervous temperament, to keep the vital powers in vigorous action, and hold the mind within the traces. A man should never become so scientific, so sentimental, or so religious, as to forget his dinner; for it is far better to vegetate, or lead a merely inert, animal life, than, like a comet, to "shoot madly from our spheres to affright the world."

With regard to the treatment of insanity, as has already been observed, it involves a course physiological and metaphysical. The body is first to be attended to, the nervous equilibrium restored, so that the patient shall eat and sleep well. When proper means are used at the commencement, while the patient is still rational enough to co-operate with the means, no doubt the symptoms might often be averted; but when the mind becomes completely disorganized, and the brain has begun to boil and seethe in good earnest, it is not easy to reduce it again

by any material remedies. Narcotics and stimulants have but little effect at this stage of derangement, for the whole system seems to adapt itself readily to this new order of things ; so that while the exciting causes may have long been removed, and the scathing billows of fire have retired, in some measure, within their original limits, the once stately edifice they have assailed remains a charred and desolate ruin, which no skill on the part of the apothecary can reconstruct.

The patient may eat and sleep with tolerable regularity again, while the mind is entirely unsettled. There only remains, then, a resort to the other method of treatment, and here a wide and unmapped region is laid open to the humane and skillful physician. He will here find that more depends upon his native good sense, knowledge of human nature, and natural sympathy, than upon his medical education. The forms of mental hallucination are so numerous and so subtle, that it is very difficult to unravel the tangled mass, and dissect out a single straight thread of thought, by the skillful management of which reason may be restored. There is usually some leading idea, some ruling fantasy in the mind of an insane man, which is the cause of all his trouble. This becomes, in the hands of a skillful physician, a decoy duck, by the successful management of which the whole flock may be secured ; or, to use a still better figure, this *ignis fatuus*, which leads the poor, benighted traveler through bog and brier, and hopelessly bewilders him in pathless solitudes, may become, when caught and guided by a kind and skillful hand, the beacon-light of his salvation, by which he may be softly guided back to the old highway of reason and happiness. It is not by flat contradiction and coercion that the deranged mind is set right : this at once provokes enmity, and the lunatic meets it with a total scepticism, which converts his best friends into liars and demons plotting his destruction.

Some one has very shrewdly remarked, that the difference between an idiot and a lunatic was simply this—that the former reasons falsely from correct premises, and the latter reasons correctly from false premises. With regard to the lunatic this is undoubtedly true in many cases. He is the most skillful of sophists ; every minute and casual circumstance is turned to account in supporting his false theory ; he weaves a chain of the most subtle and elaborate error, which requires the utmost gentleness and caution to untwist. He must be headed off by strategy, and led, for he cannot be driven, out of his delusion. He must be managed like Dominie Samson, in Guy Mannering, who had a

soul so much above buttons that he could not be persuaded to put on a new suit of clothes ; and the only means by which a change could be effected, when his old ones became too much worn, was by stealing into his room at night, while the worthy Dominie was asleep, taking away the old ones and hanging the new garments on the chair ; so that when he arose and dressed himself in the morning, he incontinently put on the new breeches, without discovering the change till they were fairly buttoned, or rather not discovering it at all. Let some one correct, rational idea be substituted in the place of a false one, and that, too, without sensibly disturbing the superstructure, like putting a new sill in a building, and it often paves the way for a gradual and complete recovery. It becomes, as it were, a nucleus, or centre of attraction, round which all the rest will slowly cluster in regular order, and thus a new, and sometimes more beautiful, creation emerge from the chaos. To accomplish this successfully, indirect methods are generally the best. For example, it is quite a common delusion with the insane that he is in the supernatural world ; he loses all cognizance of time, and supposes eternity has commenced. In such a case there is but little use in denying this before him. He will believe you to be an emissary of Satan, sent to mislead and ruin his soul ; but leave in his way a daily paper of a late date, or, if he be of a literary turn, a new book, by some favorite author, and the error will correct itself.

It would be a curious and interesting speculation to inquire a little into the pathology of insanity, with a view of arriving at a metaphysical analysis of it, so as to ascertain, if possible, in precisely what psychological change it consists. The error would probably be found not in the reflective or reasoning faculty so much as in the perceptive or seeing faculties, by which all external objects and their relations are viewed through a false medium, and distorted into unnatural shapes ; hence the imagination, which draws upon the perceptive powers for its materials, becomes filled with wild and delusive images. In most cases of total insanity personal identity or consciousness is lost, or merged in the general chaos ; and hence, also, it is that the lunatic believes himself to be some other person—a hero, or prince, sometimes the devil, and sometimes the Deity himself. Without dipping too deeply into metaphysics, we might venture to suggest that the human mind, in a healthy state, is neither a simple unity nor a plurality, but rather a confederation of powers, and that consciousness is the quintessence or product of their combined and harmonious action ; just as the govern-

ment of the United States is the product of the combined governments of the several states, so that "*E pluribus unum*" would not be a less appropriate term as applied to the mind than to our country. In this consciousness we may suppose the soul resides in its normal state. The perceptive faculties are to the soul what the police is to a city—by them all passports must be *visaed*, so that in the rational mind no ideas of external things or their relations are allowed to enter which do not correspond with realities: thus truth and reason are maintained. But when insanity takes place, this harmonious confederation is broken up, and each becomes a petty sovereignty, independent within itself. A unity of action is lost, the perceptive faculties become careless, the gates are thrown open, and any gigantic fantasy may walk boldly in and usurp the seat of government! At the same time the spontaneous action of particular faculties may be unimpaired; the memory may be perfect, the moral sentiments correct, and the affections and sensibilities active; but all legitimate communication is cut off, unity is destroyed, reason is deposed, and the soul is a wreck:

"Ever drifting, drifting, drifting
O'er the shifting currents of the restless main."

The ideas of space and time, which are the fundamental conditions of all thought in rational minds, become confused, or wholly lost.

A few facts from my own experience may illustrate this point more clearly. The first symptom of insanity in my own case was want of sleep. I was myself conscious of this need of natural slumber as well my friends, and tried in vain to obtain it from narcotics. The very consciousness of the fact that I needed repose, and my efforts to obtain it, only aggravated my excitement, and my brain grew every day more and more disturbed. At last I began to imagine that the final dissolution of all things was coming on, thus transferring the tumult in my own mind to external nature. I was removed from the place where I was then residing, to be conveyed home in a carriage, a distance of some thirty or forty miles. It was on the Sabbath, in the month of October, and one of the most lovely days of "Indian summer." A golden haze overspread the earth, through which the blue peaks of the Catskills loomed softly on the southern horizon. Had I been well, I should have enjoyed the ride, for Autumn is my favorite season of the year; and as it was, the exceeding loveliness of the scene stole in upon my fevered brain with something of its old effect. I imagined

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that it was my last look upon that earth that had once contained for me so much gladness and beauty. The rustling of the dead and dying leaves, and the smoking light that lay over all the landscape confirmed the impression :

“The sun’s eye had a sickly glare,
The earth with age was dim.”

The houses, as we passed, seemed empty and desolate (which was, indeed, true, since the people were all gone to church) ; scarcely a living object met my eye, except a few people that were passing on foot or in carriages, and even they seemed more dead than alive ; their faces wore a semi-inanimate, unearthly expression. As I gazed with weary, half-shut eye down the long valley, and across the brown woods that stretched away to the base of the distant mountains, there came into my mind, with sublime and soothing effect, and with all the force of reality, this fine sentence, which I believe to be found somewhere in Holy Writ,—“And I saw all the kingdoms of the earth in a vision.” The roads were smooth, the horses sped along briskly, and I believed this prophetic utterance was to be literally accomplished in my own case, and that I was thus, amid the profound stillness of universal nature, to ride over the whole earth, now fading with its last Autumn. During the ride I struggled once to escape from the man who held me by his side, and displaced a bandage on my arm, where I had been recently bled. The blood flowed again copiously, before it could be bound up, and this, together with the fatigue of my efforts, so exhausted me, that when at evening we reached a small town on the banks of the river, my vital strength was nearly spent. I lay faint and weary, and gazed dimly upon the water while waiting for the ferry-boat. The bells were ringing for the evening service, and the streets were filled with people flocking to church. The full moon was rising in mild splendor over the eastern hills beyond the river, and the evening wind was just curling the water into a ripple. I thought the river was no other than the Jordan of Death, across which I was about to pass into the happy country beyond, and that the whole world was following me to judgment. While crossing I turned my eye up the stream, and as the soft light lay upon the water, and the white sails of the sloops dotted the long vista, a sense of unutterable beauty filled my soul. When we were on the other side, and had nearly reached home, we passed through another village, where the bells were again ringing, and

a stream of people passing along to church. I recognized every familiar object, but the same idea continued in my mind, and it seemed the bells were tolling and the nations coming up to judgment. After I reached home, I must have slept for some time, for when I next woke to consciousness I cannot precisely determine, but it seemed that the demons of madness were pursuing me again. I fled back into the scenes of the Jewish dispensation for repose. I found myself transferred into the early history of the world.

About this time the fall rains set in, and I supposed myself in the ark flying through the stormy waters. I was lying in an upper room in the house of my brother-in-law, and as I looked out at the dreary weather, everything conspired to favor this delusion. The window curtains were parted so that the space through which the light came in was in the form of a steep lattice-roof, such as I remember in the old pictures of the ark. Here I obtained a short repose, but the pursuing fiend found me again, and drove me abroad through boundless space. Then every muscle and nerve seemed wrought to the utmost tension, and I imagined that the world was again dissolved into chaos, and that all living things had perished, but that I had found out the great secret of Nature, and through me the universe was to be reconstructed. I thought that I was the living, intelligent principle of electricity, and that I had power to call into my own person all the electric fluid in the world, and thus I was to give life again to my friends and others. My father had lately arrived, and he made a remark in my hearing which partially gave rise to this idea. He said he heard the wires of the electric telegraph ring as he passed along the road. I thought all the telegraph wires in the United States were employed in conducting the fluid into my body, and this gave me unnatural strength. I thought I was moving by some attraction towards the sun, and that there, in the opaque centre of the great luminary, I should at last find an eternal rest and rejoin my friends and kindred. But these periods of intense excitement were followed by great nervous prostration, and then I would seem to lose again all my powers, the electric fluid was dispersed, the spirits of my friends were scattered again, and I seemed to be sinking through immeasurable depths of space, when I was just on the point of achieving immortal happiness. Again, as I had almost gathered in the scattered spirits, and the new earth was about complete, a comet struck us, and we were dashed into numerous fragments, upon which we were hurled flaming through the universe. Then there was a great battle in the sky, among

hostile powers; some of my friends were upon separate fragments, and vast gulfs of fire yawned between us. I was left upon one small piece, with only two persons with me (these were two men who sat up with me through the night). A lurid light surrounded us, and these were enemies with whom my father, upon another fragment, and with a large squadron of my friends, was about to do battle for my recovery. I must have slept very little during this time, which was only a week, though it seemed to me a century.

The familiar faces of my friends, as they came into the room, would seem for a time to partially restore me to reason, and bring me back to the earth again. Then I heard sounds of harmony, and a noise of chains, and the voices of men outside the house, and I imagined they were trying to bind me to the earth, and attaching all the oxen and horses in the world to draw me back when I was endeavoring to fly away. Again, I would seem to rise with the air, and the house became a balloon, floating above the town in the gaze of assembled thousands. At last, failing to find rest for my soul, I fled still farther back into the past history of the world, for the purpose of reaching a period in the human race as remote as possible, or even anterior to the existence of men, so as to include all that had ever lived in the new creation, and thus reconcile all hostility among contending spirits. I betook myself to Grecian mythology, and became Apollo, or the sun himself, the source of all life.

When I was removed from the house to be conveyed to the Asylum, I suspected there was some design upon me, and resisted; but when I got into the carriage, and two of the gentlemen who accompanied me sat with me, while the third mounted the box and drove, I thought he was Phæton, driving the horses of the sun, and that I ought to be doing it myself; and then the men by my side kept saying to me, "Never mind, sit still; he don't know the team, he don't understand the horses." Whether anything of this kind was actually said I know not, but it confirmed my impression; and though I felt personally secure from harm, I feared he would destroy himself, and produce universal ruin again, by driving my coursers. When we drove up to the Asylum, its imposing front made quite an impression upon me. I had some idea of the true character of the building, but the predominant fancy overruled it, and the building became the temple of Apollo, into the possession of which I was about to enter, as my rightful residence.

Then followed a period of unconsciousness, broken here and there

only by impressions vivid enough to be recalled to memory. Heathen mythology became mixed with modern astronomy, and I was transferred from Apollo to Mars, and became the god of war. At this time I was very violent, and struggled fiercely with my attendants ; finally, getting no repose, and finding that I saw my friends no more, I despaired of getting back again, and thought myself a comet—the living intelligent head of a comet—flying through space with inconceivable velocity, and passing far beyond the confines of the habitable universe, thus leaving my friends hopelessly behind me. I lost all sense of time and space. A whizzing and careering through trackless solitudes, a sense of rapid and lonely motion, at an incalculable rate, and a sinking of the heart in utter despair, are all I can recollect. But at length I began to notice the succession of day and night, and observe things about me ; then, to be sensible of hunger and thirst and clothing. This checked my career, and I now believed my friends, with the other inhabitants of the earth, were in the planet Jupiter, and that a cable had been passed over to me, by which I was moored alongside, or rather, held attached, though still at a great distance. Along this rope they passed me food and drink and clean clothes, and the spirits of my nearest friends came across, and entered the bodies of those whom I saw around me. One of the attendants I took to be my brother, though he resembled him but slightly ; another was an intimate friend, while another was my implacable enemy.

I began gradually to realize my situation,—to feel that I was confined within stone walls. I tried to escape from the window, and should have precipitated myself boldly from any height, for I had no doubt whatever that I should fly direct to Jupiter, could I get into free air. An ethereal lightness seemed to pervade my whole frame, and the great stone edifice itself appeared to be sustained in mid-air. It was a long time after I began to recover and walked out before the earth seemed firm and resisting under my feet. During the day I enjoyed myself tolerably well, while I was permitted to walk the hall ; and the sight of the sun, when he occasionally appeared during the cloudy days of mid-winter, rejoiced me greatly ; but at the approach of night I fancied that I was falling into the power of evil again, and the lighting of the gas was very obnoxious to me. I tried to blow out the light, and once pulled down one of the gas-pipes, supposing that thereby I could hide the darkness and restore the dominion of the sun again. At last—

“ All these sharp fancies by down lapsing thought
Streamed onwards, lost their edges and did creep,
Rolled on each other, rounded, smoothed and brought
Into the gulfs of sleep.”

From the time I began to sleep soundly my recovery was sure. But every night I visited Jupiter, and had entrancing visions of loveliness spread before me. I could see the convexity of the planet rising slowly before me, but yet swaying to and fro as if in uncertain equilibrium, and heaving and tossing like a balloon, or a ship at sea. From this delightful abode I was invariably driven by my pursuing demon, and brought back to my prison again, notwithstanding the superhuman efforts of my friends to save me. About this time the news of the death of Daniel Webster, and the result of the presidential election, in which I had been considerably interested, began to make some impression upon me. At length, one day, I happened to see a new book by Ik. Marvel, and a January number of the *OPAL*, and this established a correct idea of time. Then I inquired the day of the month, and began to keep that, as also the days of the week. Still there was a vast chasm behind me, and I thought I had been here millions of years. I was astonished to find, upon inquiry, that it had been but little more than two months. From this time forth I recovered rapidly. My delusive fancies broke up, and began to recede from my mind like the figures in a dissolving view. I adopted the State Lunatic Asylum as a fixed fact, and began to accommodate myself to my situation.

Such are some of the facts in my own experience of insanity. It will be seen from this, that the first step towards recovery is to correct the perceptions, so as to make things seem what they are, or what they seem to rational people—in nautical phrase, to take an observation, ascertain bearings and distances, and write up the log. After once recovering the ideas of time and space, and firmly fixing them, consciousness will come back to its original seat, and adapt itself again to realities. Thus the great material universe will finally swing round again to the senses, and the old order become re-established. Sometimes a sudden surprise, such as the appearance of a long-absent friend, the news of the death of a beloved one, or some other remarkable occurrence, will accomplish this at once, and restore reason instantaneously. In such cases there seems to be a powerful reaction, as if the mind were jerked back into its socket, like a dislocated shoulder-blade.

I have no doubt the sudden appearance of valued friends, a few weeks after I was brought here, would have had this effect upon me.

When public benevolence reaches such a height, or the means of patients are so ample, as to induce the medical faculty to investigate the subject more thoroughly, so that scientific principles can be more generally carried into effect in the treatment of insanity, much greater success may be looked for, and, doubtless, many cases now regarded hopeless would be found not incurable.

CASE OF PROMINENCE OF THE EYEBALLS WITH DISEASES OF THE THYROID GLAND, AND HEART.

By J. H. WORTHINGTON, M. D., MEDICAL SUPERINTENDENT OF THE FRIENDS' ASYLUM FOR INSANE, FRANKFORD, PENN.

Read before the Association of Superintendents of American Institutions for the Insane.

IN the *American Journal of Med. Sciences* for July, 1855, a number of cases are related, taken from foreign journals, of a peculiar affection of the eyeballs, thyroid gland, and heart. As this is a rare combination of symptoms, and presents distinctive features which seem to entitle it to recognition as a new, or, at least, previously undescribed disease, I have thought that a brief notice of a case, which has recently fallen under my observation, might be acceptable to the Association.

M. A. R., a widow, aged 41, blue eyes, brown hair, about five feet nine inches in height, was admitted as a patient into the Asylum on the 8th of March, 1854. For about four years she had been subject to frequent attacks of mental aberration, which had gradually increased in severity until it became necessary to place her under restraint. She was wild and excited, and the expression of her countenance was rendered peculiarly unpleasant by an unusual prominence of the eyeballs. Her pulse was full and strong, and this, in connection with the appearance of her eyes and excitement of manner, gave the impression of strong cerebral irritation. The medical certificate gave no account which threw any light on the peculiar features of the case, and no information of any value could be obtained from the persons who came with the patient. The thyroid gland was observed to be

enlarged, but no particular attention was paid to this symptom. She was kept under close observation, and the bowels were regulated by simple laxatives. Her excitement gradually subsided, and left her in the condition in which she has remained ever since.

Present state.—Pulse 100 to 110, full and soft, with a slight, perceptible thrill. Tongue clear, complexion quite pale, appetite excellent, bowels and catamenia regular, sleeps well.

Thyroid gland moderately enlarged, most so in its right lobe, presenting a tumor about two and a half inches in diameter, with a prominence of perhaps half an inch. Eyeballs very prominent, the white coat surrounding the cornea being visible to the extent of the sixteenth of an inch, when the eyes are open naturally. Vision is apparently unaffected. At times there is slight tendency to inflammation of the conjunctiva. The action of the heart appears to be inordinate, but, owing to mental peculiarities of the patient, but little information can be obtained of its condition by auscultation, nor any account of disordered sensations referable to the organ.

Mental condition.—Is generally quiet, and gives but little trouble. Never addresses any conversation to any one, and seems incapable of fixing her attention so as to comprehend any question, or return a correct answer. Is amiably disposed, and sometimes assists the attendants in their domestic operations. Has a strong disposition to elope, but whether that she may obtain tobacco, to the use of which she is much addicted, or with what object, it is impossible to ascertain. She generally carries a large bundle of rags and useless articles, which she probably designs as a place of concealment for her stock of tobacco. Manifests a strong predilection for the society of men.

Remarks.—Twenty-seven cases of this peculiar form of disease have been collected by Drs. Romberg and Heinock. Of this number four only were males, and all, with one exception, were of persons between twenty and thirty years of age. In the larger number of the cases there existed the combination of the three symptoms of palpitation of the heart, enlargement of the thyroid, and prominence of the eyes; while in six of the twenty-seven, one or other of the three was absent. Almost always the cardiac symptoms were the first observed, then, after a longer or shorter time, the swelling of the neck commenced, and the prominence of the eyes followed. In some instances, as proved by examination during life, as well as *post mortem*, the cardiac symptoms were owing to organic disease; while in others they depended merely

on increased irritability of the organ. The thyroidal swelling is stated to be intimately connected, in some cases at least, with the condition of the circulation, increasing during the palpitation of the heart, and afterwards subsiding. In other cases the condition of the thyroid has resembled true hypertrophy, and after a few years its consistence has been observed to be much increased. The prominence of the eyes is not regarded as of much consequence in its effects upon vision, as the sight was only in one case seriously impaired. It has been variously accounted for by attributing it to an increase of the aqueous humor, to relaxation of the ocular muscles, and to congestion in the posterior parts of the orbit. In two cases an extraordinary accumulation of fat was found in the cellular tissue behind the eyes, and this may, perhaps, be regarded as the probable cause of the exophthalmos.

Regarding the disease as a whole, the authors above named remark that certainly the large number of persons so affected have exhibited evident marks of anemia, such as a remarkable paleness of the skin, the peculiar sound audible in the blood-vessels of the neck, headaches, often very violent, giddiness, especially when in an erect posture, humming sound in the ears, attacks of fainting, and small, frequent pulse. Irregularity of the catamenia is also frequently present, while fluor albus, and sometimes complete amenorrhea, have been found. Symptoms of an hysterical nature further distinguished not a few of the cases; the globus hystericus, neuralgic pains in different parts, coldness of the extremities, and strange wanderings of the mind. One writer describes a remarkable calmness, and a great desire for pleasure, as characteristic features of the mental condition.

Owing to the inability of the patient to give any account of her sensations, or of the manner in which the symptoms in her case commenced, and the order in which they succeeded each other, as also to the impossibility of obtaining information from any other source, the history of the above case is necessarily imperfect, and in itself can possess but little value. But as a peculiar mental condition has been observed in connection with the group of symptoms above described by those who have met with this form of disease, it appears to be especially worthy of notice by us who are engaged in treating mental disorders, and I have reported the case for the purpose of calling the attention of the profession to the subject.

INSANITY IN THE STATE OF NEW YORK.*

IN the October number of the JOURNAL OF INSANITY for 1855, the attention of our readers was called to a movement of the Superintendents of the Poor, having for its object further provision for the insane in the State of New York. The memorial before us was prepared in compliance with a resolution adopted by these officers in convention. The report was made by a select committee of the Senate, to whom the memorial was referred. Both of these documents are in accordance with the enlightened spirit that has characterized the humane policy of the state in former years.

The earlier efforts to provide for these afflicted persons were, doubtless, prompted by that instinct of fear which made the insane objects of dread to community, and were confined simply to restraining them within limits, as jails and alms-houses. With the gradual increase of population, and consequent augmentation of this class, they were encountered by a higher civilization and a more ardent philanthropy. The efforts which, undertaken singly, could have availed but little to ameliorate their condition, realized, when associated, the ends at which they aimed.

In the reception of individual cases of insanity into the New York Hospital in 1797, and, still later, in the erection of a building devoted to their treatment, is recognized the earliest successful attempt to secure to the insane in the state medical direction and special care.

The New York Hospital received its charter in 1791, and, the following year, a grant from the Legislature of \$2,000, annually for 20 years. In May, 1797, there being no receptacle for the treatment of the insane poor in the state, they were provided for in the hospital building, as far as its limited capacity would admit. The average num-

* Report and Memorial of the County Superintendents of the Poor, on Lunacy, and its Relation to Pauperism, and for Relief of Insane Poor. Transmitted to the Legislature, Jan. 23, 1856.

Report of the Select Committee, on Report and Memorial of County Superintendents of the Poor, on Lunacy and its Relation to Pauperism. Transmitted to the Legislature, March 5, 1856.

ber provided for monthly during the year 1798 was seven. In 1802, the subject of preparing special accommodation for this class on a larger scale was agitated. The admissions, as well as the demands for care, constantly increased. From 1797 to 1803, an average of twenty-two were yearly provided for, or a total of two hundred and fifteen.

It is evident that the Governors of the Hospital continued strenuously to urge this subject upon the notice of their fellow-citizens and the public authorities, for, in the year 1806, in compliance with, and in public recognition of its importance, the Legislature appropriated \$12,500, towards the erection of a building to contain eighty patients, and, in addition, passed an act making this an annual appropriation for fifty years. This building was completed in 1808, and at once received sixty-seven patients, including several lunatics sent by the city corporation, and of whom two were removed from the common jail, where they had been confined in cells for a period of eighteen years. This is the earliest instance of provision for the treatment of pauper lunatics in the lunacy history of this state.

The form of this building was that of the letter H. It was ninety feet in length, forty feet in breadth at the centre, and sixty-five feet at the wings. A hall ran through the centre, "into which the doors of the rooms or cells opened opposite to the window." Though lacking the requisites which experience has shown essential to the successful administration of an insane hospital, it was constructed in conformity with the best experience of that day in the erection of similar institutions, prompted by a benevolent intention to benefit those for it whom it was intended.

In 1815, in consequence of the rapid growth of the city encroaching upon the hospital grounds, their too great publicity, as well as a necessity of their use for increased provision for general hospital purposes, it was determined to purchase a site, with a sufficient amount of land, remote from the city, and to erect upon it a building commensurate with the demands upon the Asylum.

The Asylum building at Bloomingdale was completed in 1821, and received during the first year seventy-five patients. During the existence of the institution, a period of twenty-one years, it had received 1359 insane persons, of which number 513 had recovered, or thirty-seven per cent.

From the time of the earlier admissions there seems to have been a faithful record of cases preserved. A systematic observance of facts, un-

der any circumstances, cannot but furnish a reliable experience for improvement in the future. The wisdom, therefore, in the change of location of the building, leading to the introduction of systematic moral treatment, a greater amount of personal liberty, and diminution of mechanical restraint, is fully shown in the improved results of the institution. Comparing these for twenty-four years, following the change to Bloomingdale, it appears that the total number of patients received was 2769, forty-seven per cent. of whom, or 1304, were discharged recovered; being an increase of ten per cent. over the results of the first period of the Asylum. During the fifty years of its existence as a distinct department of the New York Hospital, it has cared for 5700 persons.

The Governors having been among the first in this country to recognize insanity as a disease amenable to medical and moral treatment, under favorable circumstances, identified their Board intimately with the lunacy history of the State. To the successful administration of their trust is to be attributed the earlier interest excited in behalf of a class of the insane, whose claim for care rested in the public recognition of their helpless situation.

The care of the insane poor devolving upon the Superintendents of the Poor, in 1807 a law was passed authorizing these officers to send the insane of their respective counties to the New York Hospital. How far any towns availed themselves of its provisions does not appear. The capacity of the building, however, was so limited that little was accomplished to improve their situation. There were at this time about two hundred pauper insane in the state, confined, as we have said above, to jails and alms-houses, in wretched association with crime and poverty. In 1825 there were eight hundred and nineteen lunatics in the State. Two hundred and sixty-three of these were of the independent class, and five hundred and fifty-six were paupers. Five years afterwards the Secretary of State made a report to the Legislature that in thirty-three county poor-houses there were supported three hundred and forty-five lunatics, besides many who were in jails, notwithstanding a law had been passed, two years previously, prohibiting such confinement.

In 1830 Governor Throop, in his message to the Legislature, "called the attention of that body to the deplorable condition of the insane poor, and to the propriety of erecting an asylum for their gratuitous care and recovery." In conformity with his recommendation, a committee was appointed to visit Bloomingdale Asylum, and, among other things, to

consider the propriety or necessity of erecting new establishments for the insane ; the proper site, if any should be found necessary, for such new erection, with a plan of the same, and an estimate of the probable expense."

This committee made a report the succeeding year, in which they made use of the following language : "To correct the evils and disastrous consequences of the existing system as to pauper lunatics ; to discharge that highest of moral and religious duties, which devolves upon us as a government and as citizens, to relieve the wants of the poor and afflicted ; to obey the authoritative mandate of the Ruler of the world ; to imitate the example of other nations, whom we will not confess surpass us either in public spirit or benevolence, we should erect hospitals, adequate in number and extent, to accommodate all our insane—hospitals provided with all the necessary means and facilities for their safe-keeping, personal comfort, and cure. Let these hospitals be enlarged or multiplied as the malady increases, so as to accommodate at least all the insane poor, the burden of whose support falls directly upon the public."

For the reasons this committee detailed at length, in one of the ablest reports upon lunacy in this state ever presented, they concluded,—“that public establishments for the reception and cure of the insane poor are both necessary and proper ; and they therefore submit to the Legislature the expediency of providing for the erection of at least one spacious and commodious hospital, sufficient to accommodate at least three hundred and fifty of the insane poor. If an establishment of this extent should prove inadequate, its accommodations may hereafter be enlarged, or other hospitals erected, of sufficient dimensions and number to accommodate all the insane poor in the state.”

This movement resulted in the appointment of a commission to locate a site for an asylum, and, after various delays incident to a new undertaking, an act was passed on the 30th March, 1836, authorizing the erection of the State Lunatic Asylum, at Utica. This institution was completed on the 16th January, 1843. It has been in operation thirteen years, and has cared for 4588 patients. The total number of insane who have received the benefits of these two asylums is 10,288.

These results, during an aggregate existence of the two institutions of sixty-three years, fully confirm the wisdom of the policy so ably foreshadowed in the reports from which we have extracted. The recognition of insanity as a disease susceptible of cure was accomplished

in the adoption for it of a system of moral and medical treatment. This was the result of previous observation and experience ; and the history of these institutions, embracing a period when the disposal of the insane was the result of ignorance and prejudice, enables us to estimate its advantages. The proportion of recoveries which immediately followed its substitution in the Bloomingdale Asylum excelled that of previous years. This improvement has been steadily increasing. The recoveries of the present day excel that period by twenty per cent.; or twenty in every hundred recover under the system of the present day, while only one would have recovered under that of sixty years ago. Since the acquisition of medical men to this department of special medicine, its advancement has not only kept pace with that of general medicine, but has excelled it.

The valuable statistical facts which have yearly emanated from these institutions have not only accomplished much to enlighten the public mind upon the nature of insanity, but have furnished important results to the medical and political economist. Under the enlightened policy which they have clearly indicated, the existence of this disease is not rendered an insupportable burden. With the gradual increase of population, it would be expected its victims would increase, at least, in the same proportion. This, however, has not been the case. The statements bearing upon this are derived from census reports. From these it appears that, in 1825, there were 819 lunatics in the State, or 1 to every 2000 of population.

In 1835 there were 967 lunatics, or 1 to 2222 of population.

1840	“	“	1124	“	1	“	1253	“	“
1850	“	“	2521	“	1	“	1280	“	“

We have, therefore, an increase, since 1825, of a fraction over two hundred per cent. in the number of lunatics in the State, while the percentage increase of population has fallen off fifteen per cent. during the same time, being a large absolute increase in the amount of insanity as compared with that of population.

The insane in the state may be comprised in four classes—the independent, the indigent, the pauper, and the criminal. This distinction is an arbitrary one, and founded upon the social condition after the invasion of disease. There is some difficulty in fixing upon the relative proportion belonging to each class. Judging, however, from the yearly applications to Bloomingdale Asylum, and the asylum at Utica, we

should place the number of the independent class at 2000. The documents before us place the number of indigent and pauper insane at 2419, and the criminal class at 44. This furnishes a total of 4463 insane on the 1st December, 1855. Of this number 455 were in the Asylum at Utica, 121 in Bloomingdale Asylum, 1352 in various county alms-houses, and twenty-three in Clinton, Auburn, and Sing Sing Prisons, leaving 2512, otherwise provided for.

The extent to which the present state provision for the insane poor has sufficed, is set forth in the memorial in the following table :

Year.	Number of Insane Poor in the State.	Number provided for in Asylum.	Number unprovided for.
1843	794	164	630
1844	863	165	698
1845	1076	180	896
1846	1062	208	854
1847	890	242	648
1848	1110	223	887
1849	902	224	678
1850	821	216	605
1851	964	257	707
1852	2038	272	1766
1853	1856	294	1562
1854	2123	296	1827

From this table it appears that 261 have been provided for yearly, and 979 have been left unprovided for. In order to ascertain the condition of those confined in the county alms-houses, without a personal inspection, circulars were addressed by the memorialists to the Superintendents of the Poor, requesting answers to questions which were proposed. In this way there were obtained replies from forty-nine counties, furnishing an account of 757 insane. Their condition is stated as follows : 314 were males ; 443 females ; 450 of native birth ; 301 foreign birth ; 418 usually mild ; 248 excitable, paroxysmal, and destructive ; 118 furious and dangerous ; 235 filthy.

As an indication of the manner in which these persons are cared for, it is stated, 250 were confined constantly to the house, 180 were confined in strong rooms (meaning cells), 71 were in mechanical restraint.

Eight alms-houses had no provision for separating the sexes. This arises from the original imperfect construction of the building in many instances, and in other cases from a disgraceful indifference on the part of the county officers.

The Superintendents of the Poor, in referring to the total want of adaptation of these receptacles to the use of the persons they have been compelled to receive, and in explanation of the evils they detail, remark that they are, "from the nature of their duties, required not only to provide for the necessities of the pauper, but to be the guardians of the insane poor. The former require clothing, food, and that protection from the elements which physical disability may disqualify from obtaining; the latter, though often possessing the physical ability, have wants which they are unable to supply, by reason of mental disease. This great distinction between the two classes leads us at once to infer, that while the wants of the former are supplied by attention to the physical being, the latter require special care, applicable to their condition. The various county alms-houses become alike the receptacles of the pauper and lunatic. They possess the means of alleviating the wants of the former, but are powerless to heal the malady of the latter. A single circumstance, common to the two—poverty, is allowed to govern their association and disposal." This mingling together is declared unjust and unnatural.

The number of the insane poor who were self-supported previous to the invasion of insanity is 621, or 82 per cent. of the entire number. The relation, therefore, that pauperism holds to insanity does not appear to be that of cause and effect, to the degree that many suppose; pauperism being rather a condition involved in the situation of its victims. Mental activity necessary to self-support implies the use, and consequently, too frequently, the abuse of the mental faculties. On the other hand, the absence of desire for self-support presupposes such a lack of capacity for self-preservation as to constitute an original mental defect. The development of this fact is fully borne out by an examination of upwards of 4000 cases of insanity, which exhibits the small number of seventy-four insane persons without occupation. The extent of pauperism and attendant misery is not limited to the immediate victims of the disease. The number of families who became a public charge during the year, through insanity in the head of the family, was twenty-nine.

A large number of these persons are, doubtless, incurable: this is to be ascribed to neglect in providing for the disease during its curable stage. The memorialists appear fully convinced that this course is yearly accumulating in the alms-houses numbers of this class, who will remain a public charge during their lifetime; and that their increase or

diminution will depend upon the policy hereafter pursued. "With the increase of insanity pauperism will increase in proportion. Diminish lunacy, one of its fruitful causes, and the amount of this burden will be lessened."

In view of this the form of relief is presented. Insanity should be recognized as a disease requiring special treatment in hospitals provided for the purpose. All the insane should be there provided for who are not in a condition to reside in private families. In view of the present and prospective burden, a statement is made of the results to be expected from a provisional system of this character. Presuming that insanity will continue to increase in the same proportion, in years to come, as it has, it is estimated that in the year 1860 the number of pauper insane will reach 3683. Assuming that forty-two per cent. of recent and old cases recover, and of recent cases seventy-five per cent., let the effect of a provisional system upon the number be considered. The number of lunatic paupers in 1854 being 2123, forty-two per cent. would recover, or 891, leaving 1232 remaining incurable. The increase which is necessary to make the number reach 3683 in the year 1860, is 1560, seventy-five per cent. of which number, or 1170, will recover by prompt treatment, leaving 390 incurable. The provisional system would, therefore, have accomplished a reduction, in 1860, of 2061. In other words, 1622 lunatic paupers would require public support, instead of 3683.

In condemnation of the system of longer continuing the insane in alms-houses, the superintendent of the State Asylum at Utica, in the thirteenth annual report of that institution, makes use of the following language :

"It has been the custom of the institution, in accordance with law, to send annually to the poor-houses, or to the care of friends, many who had been under treatment two or three years, and in their place receive a corresponding number of new cases. During the past year we have adopted this course in as few instances as duty would permit—first, because the receptacles for this class are filled; and secondly, we believe the provision of the law advising this step originated in a mistaken notion of the disease to be treated, and is at variance with justice and humanity. Insanity is a grave disease, requiring the most careful investigation, the most patient observation, and the skillful application of means—all of which must often extend over a period of many years. The idea of consigning the unfortunate victims of such a malady to poor-houses—places, with few exceptions, not only destitute of medical and moral means of treatment, but even without the ordinary physical comforts of life—is a species of cruelty which should excite universal disapprobation.

“Furthermore, the legal sanction thus given to poor-houses as suitable places for the custody of cases of long standing, led many public officers in former years, ignorant of the nature and demands of the disease, and through a mistaken economy, to confine in those houses and attempt the treatment there of recent cases—thus also rendering incurable a large number, who, under appropriate treatment in an asylum, would have recovered in a few months. One public officer, in speaking of the wretched condition of the insane in county-houses, remarked that one female, who, while here, occupied a quiet ward, *had been chained in a garret-room of the poor-house for eighteen months*; but that her husband had recently removed her to another state, and, he believed, had succeeded in getting her into an asylum. Another, in congratulating the county on the improved condition of the insane, remarked,—‘*that whereas, formerly, a great majority were in chains, now but four or five were kept so constantly; others were kept chained only at night, or, perhaps, for an hour or two through the day.*’ One of the counties of the State, only little more than a year ago, had in the county-house, on the 18th of July, fifty-three insane; on the 25th of the same month, only twenty-nine—twenty-four having died of cholera in one week, and that when there was no cholera in the neighborhood! This same county-house now contains sixty-nine insane. Such things need no comment, though they themselves are sad commentaries on the condition of the public mind in reference to the treatment of this most afflictive form of disease. If there were a correct and active public opinion upon this subject, those who have the poor and sick in their charge would not so neglect and violate their duty.”

His Excellency the Governor, in his annual message, urged that—

“It would be unworthy of a great commonwealth to neglect to make adequate provision for the care of its insane. New York has heretofore done her duty to humanity in this regard; but her population has increased without an increase of her provision to shelter, and subject to discipline and treatment the deranged. One hundred and sixty-seven applications for admission to the Utica Asylum during the last year were made in vain; there was not room to receive them. In order to make place for recent cases, thirty-four inmates of the establishment during that time were discharged—not cured and not improved. Nearly one thousand insane persons are now confined in the different county poor-houses of our state. In too many of these the afflicted languish wretchedly, without the chance of a cure. In nearly all of them their treatment is simple imprisonment. Their helplessness and destructiveness make their confinement, in most cases, more painful than that of criminals. Generous and creditable as has been the provision made by New York for her insane, it is manifestly inadequate.”

The attention of the Legislature being called, through so many official sources and appropriate channels, to the condition of the insane of the State, received the recommendations for their relief with that consideration the importance of the subject demanded. The whole mat-

ter was referred to a select committee of the Senate, consisting of Hons. E. J. Richardson, Mark Spencer, George W. Bradford, M. Lindley Lee, and John W. Ferdon, who made an elaborate report, in which, after presenting the policy pursued in former years, they say that they "have ascertained that but 28 per cent. of the whole number of the insane have received asylum treatment, while 72 per cent. have received no such treatment! And this large proportion of this most afflicted class of our fellow-beings are kept in county-houses or distinct establishments, the more refractory and destructive being confined in strong rooms, or more properly cells, where it too often happens that they are subjected to great abuse and the most humiliating restraint! Thus deprived of all moral influences and medical inspection, it is not surprising that the restoration of any of them to mental health, as stated by the memorialists, is of very rare occurrence, and constitutes the exception. This deficiency, it is believed, does not, in the majority of instances, result so much from the cupidity of the town or county authorities as from their utter inability to provide that relief which they have been among the first to point out. The system of providing for the insane poor in alms-houses has little in its favor, save the single circumstance of preserving life. And the counties are doing but little more, in continuing to foster it, than to consign the insane, in the most speedy manner, to a state of incurability, and thus throw them upon public charge for the remainder of life. The burden of those thus supported already amounts to nearly \$150,000 annually, which has resulted mainly from the neglect of timely and proper treatment. How this misery may be relieved, this burden alleviated, and this expense reduced, are questions deserving serious consideration."

The committee conclude their report as follows :

"It is, then, no more than the common wisdom that is applied to the ordinary business of life, to take such measures as will secure the early treatment of the insane, and give them the best opportunity of restoration that the age affords, and by this means reduce, in the future at least, the number of permanent lunatics to that small proportion whose malady is, from its very nature, incurable. As the demand knows no other limit than the number of the insane and the duration of their disease, so the duty of providing the means for their protection and cure should be measured only by the necessities of those who need them.

"In view of the principles and facts set forth in the memorial and in this report, and in view of the great number of insane persons in this state who actually need the accommodations and treatment of public institutions suitable to their sad condition, proper protection, and speedy cure, the committee

advise and recommend that the State provide for the location and construction of such number and kind of asylums for the insane as will afford adequate relief for them, with the greatest economy, and surest results for good. The committee believe that the object can best be attained by the creation of a board of three commissioners, selected from different parts of the state, with entire regard to their fitness for the position, and the important duties of the commission, which are prescribed in the accompanying bill. The State and the public interest will be better served by one set of commissioners than by several, each selected with special reference to a particular locality.

“In the efforts heretofore made to secure the passage of a law authorizing the location and erection of other state asylums for the insane, side issues and local interests have, unhappily, not only greatly embarrassed, but defeated the measure. This has been the result from year to year. This has been the case especially in regard to the matter of location, which is a question of minor importance, except so far as possessing the advantages and facilities which are necessary to render such establishments the most useful; then it is of the first importance.

“The committee, being fully aware of this difficulty, and feeling the necessity of some speedy and efficient action, have examined authorities on the location, construction, and organization of asylums for the insane, and find that experience has established certain settled facts and principles which involve questions of the greatest moment to medical science, and of vital importance to the economy of the state in the exercise of its liberal munificence for the relief of the insane. The wants of such establishments are peculiar, and demand, in their location, special external advantages, and in their construction certain internal peculiarities. These disregarded, the result is disastrous, both in a medical and in an economical point of view.

“1.—Such institutions should be upon great thoroughfares, easily accessible. This is necessary as a matter of ease and economy in the transportation of patients, and that the sick and feeble may not be subjected to the inconveniences and dangers attending frequent changes of conveyances. 2.—They should not be in the country, but in the vicinity of large towns, where supplies are easily procured, where attendants are readily obtained, and where may be found ‘the social, scientific relations indispensable to cultivated minds,’ and the useful kinds of recreations and amusements. 3.—They should be located where an ample supply of pure water is obtainable at all seasons, and, if possible, without the aid of machinery or tanks in the attics of the buildings. A reservoir is less expensive in construction than machinery and attic tanks, and costs less for after-repairs, and is far more reliable and safe. 4.—The grounds should be so situated that the most thorough drainage can be effected easily, and without too great expense. Nothing is more important than the removal of all sources of impurity from such establishments. 5.—They should not be placed in the vicinity of lakes, or rivers, or other large bodies of water, which might prove ‘the cause of accident or the occasion of suicide.’ 6.—They should be located where a farm of at least 100 acres of land can be obtained, to which the previous five propositions will apply. The character of the place and grounds

should be, as has been well said by Dr. Falret, 'healthy, the views pleasant and diversified, the soil fertile.' . . . 'A plain presents too much uniformity, and captivates neither the mind nor the heart. The sources of running water, so agreeable to the sight, are indispensable for baths, the irrigation of the gardens, and the cleanliness of the building. Fertility of the soil is necessary, in order to give interest to the cultivation of the grounds, and that the insane may find in the harvest an ample recompense for their labor. A beautiful landscape excites in the soul salutary emotions, and gives some repose to the mind in withdrawing it from its pre-occupation. The soul submits insensibly to the influence of all the objects which surround it, and the beauty of nature contributes powerfully to restore peace and reason to the darkened and bewildered mind.' "

The recommendations of the committee, as will be perceived, were of the most liberal character, and entirely in accordance with the benevolence that actuated their action. The bill, which accompanied the report, providing for the immediate erection of two asylums, passed the Senate. In the Assembly it passed a third reading, when its further progress was arrested by the premature adjournment of the Legislature. This result is to be deeply deplored, especially as it involves the continuance of abuses, and an onerous burthen which a great and proud state should hesitate to prolong.

In this brief, retrospective sketch of the history of lunacy provision in the State of New York, we have endeavored to recognize the important connection between the policy initiated by her benevolent citizens, and its final adoption by the State. The government has been taught, and in turn now "educates its citizens." The political organization of society in our country, though not disposed to act solely upon benevolent appeals, recognizes, as we may herein see, the efforts of the humanitarian economist.

Not among the least of the evidences of interest excited in this whole subject has been the appointment of a committee by the State Senate to make a personal inspection of the county alms-houses and jails. This committee have entered upon their labors, and the benevolence of the gentlemen comprising it, and the great interest they have already manifested in the prosecution of their duties, induce us to await with anxiety their report.

J. B. C.

MONOMANIA.

From Journal de Médecine et de Chirurgie Pratiques, March, 1856.

THE learned may not always agree upon questions of physiology, philosophy, or morals, but it rarely occurs that a truth introduced into science is expelled from it by the defection of those who would seem called upon to support it. However, at this time, a question has been raised, among physicians for the insane, which deserves notice, because it interests both practical and legal medicine, and, above all, humanity. We know that Pinel and Esquirol held it to be an incontestably established fact, and one which has heretofore been but little disputed, that insanity may attack, partially, one or several of our faculties, without modifying, in any degree, the others, which remain intact as in a state of perfect health; in other words, that the insane person may reason justly upon all points, except that which is the constant object of his delirium. This condition, which, however, did not escape the observation of the ancients, was studied by Esquirol under the name of *mania*, and divided into several classes, designated according to the number or character of the faculties affected.

The theory of monomania has been attacked with much animation before the Medico-Psychological Society, recently established at Paris, and composed of eminent physicians for the insane. It has been defended with much strength of reasoning by the greater part of the practical men whom the Society counts among its members; and we believe that those among the *savans* devoted to psychology who oppose this theory will yield to the good sense and observation of facts, which establish triumphantly the independent action of the faculties and their isolation in a state of health or disease.

We have before us a pamphlet, the work of a distinguished physician for the insane (M. le docteur Pinel), which presents the question in its true light, and replies explicitly to the objections which have been urged against the theory of monomania.

“It is of little consequence,” says the author, “whether the predominant or delirious idea be a primitive or secondary phenomenon, or whether it be occasioned by the alteration of this or that order of

faculties, by the disorder of one or several of these latter ; or whether it has been preceded or followed by a period more or less characterized by other phenomena ; this is not the question. That which it is important above all to know, in order to decide as to the existence of monomania, is, whether there are or are not some insane persons who present, during a period of more or less duration, the aspect of rational men, who impress themselves as such almost always, not only upon the world generally, but upon magistrates, upon physicians little versed in the study of mental affections, and sometimes upon those devoted to this specialty,—whether or not these patients, aside from one or several insane ideas which absorb them, are not capable sometimes, if not frequently, of acting, of conducting themselves, of conversing, writing, reasoning, judging, and discerning, in a manner to induce the belief that they are of sound mind, whether or not one touches their *corde délirante*, whether they endeavor to change the subject or dissimulate in reference to the insane conceptions to which they are a prey ; and further, if the characteristics of the partial delirium or monomania, whether oppressive or expansive, are not so decisive that they cannot be confounded with those of general delirium, from which they differ essentially ; and whether the diagnosis of the latter is not ordinarily easily determined, while, on the contrary, the former may not, under some circumstances, occasion doubt, and leave even experts in uncertainty ; in fine, if, in monomania, and notwithstanding all the appearances of the integrity of reason, moral liberty is not profoundly impaired in such manner that the monomaniac, being no longer master of his own will, acts irresistibly, although, in some cases, with knowledge and discernment.”

The question, as presented by M. Pinel, is, in fact, the one to be discussed : can insanity be partial, impairing some of our faculties to the exclusion of others, so as to leave to us the appearances of reason whilst we really merit to be classed among the insane ? This is what it imports us to know. Apart from this, whether there exists a *monomania* in all the acceptation of the term—that is to say, whether the subject be delirious exclusively on one point, or whether several of his faculties be affected at the same time, thereby making him an *oligomane*, as he would be called—is of little consequence ; it would be less difficult to prove that all the faculties of a man were intact, with the exception of one rather than of two or even of three ; but the discussion having reached this point, has no more interest for the phy-

sician, who should stop only at the question of delirium or partial delirium so well presented by M. Pinel. What do the adversaries of the theory of monomania tell us; for example, in what category would they class the man whose history is traced by the author as follows:

“M. Ferrus, directed by the court to ascertain the mental condition of a patient in my establishment, came frequently during a period of six months, without being able to make his report. During his prolonged visits, this monomaniac comported himself in such a manner as to render it doubtful whether he was insane or not. He replied to all questions with perfect lucidity, or eluded with address, spirit, and politeness those which might embarrass him. His demeanor, his gestures, his physiognomy, and his dress manifested nothing peculiar.

“M. Ferrus tried every method to discover traces of his partial delirium; snares were laid for him; he was made to converse, without suspecting the presence of our honored associate in an adjoining room, where he could hear the conversation. M. Ferrus took him a biscuit dipped in a glass of wine in which powdered sugar had been put, saying to him that his wife had sent it; nothing, however, revealed the existence of one or several delirious ideas, and yet this patient was a monomaniac who had attempted to kill his wife and afterwards to commit suicide. After the trial of Mme. Lafarge, he always believed that his wife had attempted to poison him, and still sought to do it; he thought his linen sent by her contained poisonous substances, such as arsenic and belladonna; that he had detected her reading the *Matière Médicale* of Barbier, which his physician had loaned him secretly; that his bed was often covered with a metallic powder. Apart from this fixed idea, and which he did not always give utterance to, but made known with reserve, which he dissimulated with ease, and only to certain persons, denying it to the greater number, and some days even to those to whom he had previously confided it, particularly if there were others present—he spoke and acted in a rational manner.

“It was only after some length of residence in my house that he confided to me his insane convictions, which he afterwards disavowed in the presence of M. Ferrus.

“This monomaniac is the same patient, a portion of whose history M. Baillarger has reported in his paper on monomania. I saw him, several months since, at the Bicêtre, under the care of Dr. Voisin. He is at present in a state of dementia.”

We have often known physicians differ in opinion as to the nature of

an ulcer, to which had been attributed a syphilitic character. Whilst they deliberated, the disease made progress. A syphilitic ulceration in the throat, or an exostosis, by revealing the true nature of the disease, made the consulting physicians agree. Without wishing to institute a comparison between affections so dissimilar, may we not say that monomania, the diagnosis of which is often so difficult to establish, that the world and even physicians refuse to recognize it in certain subjects, is no longer, like the ulcer of which we have spoken, the object of doubt with any person, as soon as the delirium, once partial, has become general? Observation proves this, that frequently persons, after being insane on one point, have successively all their faculties weakened or perverted, but that they also often remain monomaniacs during many years, and even exercise such care to conceal the aberration of which they are the victims, that those around them do not suspect the existence of the malady with which they are affected.

These conclusions are rendered evident by M. Pinel, in the pamphlet from which we have quoted. It is not necessary, in order to appreciate them, that one shall have directed his studies in a special manner to the treatment of the insane. We maintain that every physician who observes and reflects is capable of forming an opinion upon the relative value of this theory. If it is true that all the comedians are not upon the stage, and that the world is a vast theatre, on which the most startling and affecting dramas are constantly being played, we may also say that all the insane are not in asylums, and that the physician who possesses the confidence of families, and to whom the intimacies of life are no secret, often discovers infirmities and griefs, which, though a mystery to the world, are to him but the too evident results of monomania. To strike this word from the nosological list, it would be first necessary to efface from the mind of the physician all those remembrances which, in recalling the frailty of human reason, are to him a constant subject of astonishment, of sadness, and of humiliation.

SOME REMARKS ON THE METASTASIS OF DISEASED ACTION TO THE BRAIN IN GOUT AND OTHER DISEASES. BY FRANCIS JAMES LYNCH, M. D., F. R. C. S. I., MEDICAL OFFICER OF THE LOUGHREA FEVER HOSPITAL AND WORKHOUSE.

WHEN an abrupt and sudden transference of diseased action to the brain and its membranes takes place in the course of gout, rheumatism, mumps, erysipelas, phthisis, pneumonia, or other morbid conditions of the system, the resulting cerebral symptoms vary to a very remarkable extent. Thus, when gout abandons partially or entirely its ordinary seat, and seizes on the brain, we have in one case all the symptoms of an ordinary apoplectic seizure, requiring, or at all events yielding to, active antiphlogistic treatment; in another, the symptoms of cerebral mischief are less urgent, but more protracted in duration, the cerebral congestion in which they originate either gradually disappearing, or ending in *ramollissement* or various forms of disorganization of the brain or its investing membranes; while in other instances of gouty metastasis, hemiplegia or general convulsions result from the translation of gouty action from the extremities to the brain, the epileptic fits being followed by more or less coma for some hours or days. Lastly, true phrenitis or maniacal excitement, which occasionally lapses into confirmed insanity, or into a condition allied to that which exists in delirium tremens, may be observed.

CASE I.—Mr. A., aged 60, of full habit, and subject for years to attacks of acute gout in the extremities, while laboring under a slight attack of the disease in one foot, accidentally slipped into a pool of water in his farm-yard; he returned to his house without delay, changed his wet clothes, and was rather surprised at finding his foot almost free from pain, and that hardly any traces remained of the slight redness, stiffness, and swelling which had for some days previously existed. A few hours afterwards he suddenly dropped from his chair, and exhibited all the symptoms of profound apoplexy, viz., complete unconsciousness, stertorous, oppressed breathing, moaning, face turgid, flushed, and hot, pulse 80, full, pupils sluggish and very much dilated; the surface of the

body was warm and moist, and he lay on his back perfectly motionless. He was bled largely from the arm; the head was shaved, and a cold lotion applied to the scalp; a drop of croton oil mixed with some compound powder of jalap was laid on the tongue, as he was unable or too insensible to swallow, and a large purgative enema at once administered. After a few hours, as no change was observable in the symptoms, the croton oil with the jalap was repeated, and twelve ounces more of blood were abstracted from the arm. Shortly afterwards I saw him for the first time, and found that after the second bleeding his countenance became deadly pale, and its expression altered, owing to paralysis of the left side of the face supervening; the other symptoms remained unaltered, except that the pulse had become soft, very compressible, and intermitting. Mustard poultices were applied to the feet, a blister to the nape of the neck, and after a time the bowels were freely moved, without the patient being sensible of it. Next day he remained in the same state until evening, when some signs of returning consciousness were observed; shortly afterwards he gradually recovered his senses, and the right foot was found to be the seat of intense gouty inflammation. The paralytic affection of the face, with some degree of hemiplegia, continued for some weeks, when Mr. A. gradually recovered.

In those forms of apoplexy which are the result of gouty metastasis to the brain, it is probable that, although extravasation of blood sometimes exists, as the cases published by Parry and others prove, in the great majority of such instances the cerebral symptoms depend on simple congestion of the brain; and every experienced practitioner must have seen numerous examples of apoplexy, or allied conditions of the brain, the result of simple congestion, where an emetic, an active purgative, or the unassisted efforts of nature, have produced complete and rapid recovery. We should recollect that gouty subjects advanced in life bear large bleedings badly; immediate apparent relief may be the result of the depletion, but, as Dr. Holland correctly remarks, lasting depression of the nervous system ensues, unfavorably influencing all the functions of the body, and producing for a time a premature approach to old age throughout the whole being. In the case of Mr. A. the obstinate continuance of the apoplectic symptoms, notwithstanding the employment of active depletion, until the re-appearance of gouty action in its original seat abruptly dispelled the cerebral symptoms, is worthy of notice, and has been observed in several similar cases,

whether of metastatic gout, or of that form of misplaced gout which suddenly attacks the brain in persons affected with the disease in an irregular form.

It is probable that, in the majority of instances of gouty apoplexy from metastasis, local depletion, active purgatives, cold applications to the head, and sinapisms to the extremities, will be more successful in recalling gouty action to its original seat, and that too with less injury to the constitution than the employment of general depletion. Cases, however, will occasionally occur in which the use of the lancet is indispensable,—where the pulse is full, the action of the heart and carotids strong and regular, the face flushed and hot, the surface warm, and the vessels of the scalp distended—in such cases the pulse will often, during the bleeding, become fuller; here we need not fear a moderate or even copious bleeding; but in other instances, although the indications for active depletion seem equally pressing, after a few ounces of blood are lost, the pulse sinks, the face becomes pallid, and the temperature of the body sinks, clearly showing that we must trust to other measures than blood-letting, for bringing the case to a successful issue. Some interesting cases, bearing on this subject, are related in Mr. Wardrop's work on Blood-letting.*

It will be observed that, in the case of Mr. A., the repetition of the blood-letting was almost immediately followed by paralysis of one side of the face, and that a certain degree of hemiplegia was subsequently noticed. Whether the paralytic symptoms were the result or not of inordinate depletion, is doubtful in this instance; but I am inclined to

* An officer, of full habit, and subject to gout, had, in consequence of a slight pain in the great toe, taken a brisk purgative, and whilst walking on the following day, which was very cold, felt chilly, suddenly became giddy, and fell down senseless and motionless. The pulse was strong, and a vein in the arm consequently opened; as the blood flowed the pulse acquired more strength, and increased in frequency, so that forty ounces were abstracted, when he immediately became sensible to things around him, and an impression was made on the pulse; as, in a few hours afterwards, the pulse and pulsations of the heart became vigorous, a second bleeding to the same extent was practised with permanent relief. In this case it would have been desirable if the existing symptoms at the time of the blood-letting had been more accurately described: the fullness of the pulse and the plethoric habit of the patient were the only indications for blood-letting, but the increasing firmness of the pulse under depletion justified its employment.—*Wardrop's Lectures on Blood-letting, Lancet*, vol. i, 1823-4, page 818.

think that the mere persistence of the apoplectic symptoms did not render the use of the lancet a second time advisable.

CASE II.—Mr. B., aged 45, of gouty habit and family, had been for several years subject to slight attacks of gout in the hands and feet. In November, 1850, after suffering slightly, for a few days, from pain and swelling in one foot, Mr. B. imprudently sat in a damp out-office for several hours transacting business; his feet became, after a little, very cold, the pains and stiffness disappeared, but, owing to a sudden attack of headache, he was obliged to leave the room, and on reaching the open air found that he could walk without pain or limping. His head soon got better, and he continued in his usual health for several days, when, while dressing in the morning, he felt a sudden sense of numbness and heaviness in his right hand; it felt heavy, seemed to drop, and he could not use it to his satisfaction while continuing his toilette. He walked out a little into the open air, and on returning, in half an hour, his wife observed that he spoke in a confused manner, substituting one word for another. I saw him shortly after, and found that he was stupid-looking, confused in his ideas, yawning a good deal, not inclined to speak, and then expressing himself in broken and rather unintelligible sentences. He said that when the numbness in his hand first seized him, he felt, at the same time, a sense of pain over the left eyebrow, which had soon disappeared. There was some nausea. Pulse 70, of moderate strength; pupils natural; face rather turgid and flushed, but the surface was cool, and he felt chilly. Sinapisms were applied to the feet, a blister to the back of the neck, active aperients given, and mercury administered so as to affect the system. In a week or ten days he felt much better, but often complained of transitory numbness in one hand, the disappearance of which was often immediately followed by pain over the left eyebrow, which in its turn vanished on the return of the numbness. A blister over the eye removed this supra-orbital pain, and although he seemed to improve in his general health, and was quite collected in his mind, it was clear that the brain was still affected; there was an unaccountable vivacity of manner about him,—he spoke a great deal, laughed loudly without adequate cause, was fretful, fidgetty, and nervous; the loss of memory of certain words, or rather the inability to utter them, continued: thus he desired more turf to be put on the candle instead of on the fire, called a friend “jam” instead of “Sam,” but was perfectly sensible of his mistake, and endeavored to avoid pronouncing those particular words. There was, at times, a

thickness of utterance very like what is observed in persons on the borders of intoxication. For a year or two he continued to suffer occasionally from pain and confusion in the head, and the misapplication and imperfect pronunciation of certain words were observable, sometimes more, sometimes less. All this time there had been no return of gout in the extremities, but, about a year ago, after taking a few doses of colchicum with ammonia and carbonate of potash, a severe fit of gout in the feet came on, with surprising relief to all the cerebral symptoms, and he is now almost perfectly restored to health. In this case, as well as in the following, I had the good fortune of having the assistance of Sir Henry Marsh.

CASE III.—Mr. R., aged 60, a martyr to gout, which occurred in a subacute form, attacking and at length permanently crippling many of the articulations of the upper and lower extremities, was seized with one of his usual gouty attacks in May, 1853. He paid but little attention to it, and in getting to the night-chair exposed himself a good deal to cold. After being for about a week ill the gouty symptoms were gradually abating, when he suddenly shrieked aloud, talked incoherently, and seemed to be very slightly, and but momentarily, convulsed on the right side of his face only. On further examination he was found to be quite conscious, but his articulation was imperfect, and he misnamed persons and things. There was no paralytic affection of the limbs; the pupils were natural; the eyes unusually sparkling; the countenance animated, but not flushed; there were restlessness and loquacity; the surface was cold; the pulse 84, soft, very intermitting and irregular; and no gouty swelling or redness could be detected; he complained of slight frontal headache, increased by noise or light, and there was some tendency to nausea; the head was shaved, and a cooling lotion applied, as the scalp was hot, its vessels distended and throbbing, but not violently; a large blister was applied to the nape, the feet assiduously stuped with warm water, rendered stimulating by horse-radish and mustard, the bowels freely opened, and light nourishment given. For some days afterwards he continued in a stationary condition; calomel and James's powder were given until the gums became slightly affected. Still he continued in a very unsatisfactory condition; at times very much excited, and anxious to leave his bed, talking wildly occasionally, but generally speaking quite rationally, except that he could not pronounce several words—generally proper names; for instance, he could not pronounce my name, although he knew me perfectly. At this stage

a strong sinapism was applied to the left knee, at the suggestion of Sir Henry Marsh, who saw the patient in consultation, and mild aperients were steadily persisted in ; the sinapisms were repeated at intervals for a few days, when the knee became the seat of gouty inflammation, with manifest accompanying improvement in the cerebral symptoms ; for months, however, the patient found it almost impossible to pronounce certain words, although in other respects, he regained his usual health.

The remarkable improvement in the cerebral symptoms, which accompanied the reappearance of gout in its original seat in these two cases, shows, that we should, under similar circumstances, be persevering in our exertions to recall the morbid action to the extremities. In the one case this object was effected in ten or twelve days, in the other not for several months.

In the case of Mr. R., local or general blood-letting was not employed. It was, however, agreed on, that, if in the course of the illness severe headache occurred, some leeches might be applied to the anus, as it was ascertained that he had been subject to bleeding hemorrhoids, and that the discharge had of late stopped altogether. Sir H. Marsh, therefore, thought, and we agreed with him, that the suppressed hemorrhoidal discharge might, as well as the gouty action in the system, have been instrumental in producing the cerebral symptoms. In the case of Mr. B., owing to the frontal headache being one day unusually severe, the face being flushed, the pulse firm, the head hot, and his general aspect such as would warrant a cautious trial of local depletion, I cupped him on the nape of the neck, but he had hardly lost two ounces of blood when his face got deadly pale ; he complained of confusion and noises in his head, and his right hand felt very cold and numb.

In both cases the most marked cerebral symptom was the difficulty in recollecting or pronouncing certain words, or parts of words, or in substituting one word for another. It is well known that Andral has long since disproved the opinions of Bouillaud and others, respecting the invariable connection of the loss of memory of certain words with disease or morbid conditions of the anterior lobes of the brain ; I think, however, that, in a very large number of instances, the loss of memory of particular words, or the inability to pronounce certain words or parts of words, is, generally speaking, traceable to some morbid condition of the anterior part of the brain. There is a very large number of instances on record in which such symptoms were the result of injuries

inflicted on the forehead or its vicinity, and, also, where organic lesions of the anterior lobes of the brain, occurring without any apparent cause, first announced themselves by this particular defect of memory, or, perhaps, of the power of articulation; for, in many instances, the patient can write the word, although he makes a very lame effort to pronounce it. I have myself met with several such cases. The affection is sometimes the result of temporary congestion or local injury, and may be altogether removed; or it may end in softening or other organic changes in the brain; or, lastly, the patient may so far recover as to enjoy perfect health, but be unable ever after to pronounce correctly certain words or parts of words. In all the cases I have witnessed, as in the two above related, there was more or less frontal headache; Mr. B. frequently put his hand to his forehead, and firmly asserted that the disease was located there. In some instances, by speaking very slowly, the patient avoids making a mistake, and pronounces the word correctly. In a case of injury of the head, the blow being inflicted near the root of the nose, at its junction with the forehead, the patient was sensible, but substituted one word for another for several days, or, if he commenced pronouncing the right word, he failed to finish it. The fatal illness of the late Dr. Griffin, of Limerick, commenced with occasional pain, like *tic douloureux*, over the left eyebrow, followed, after a considerable time, by difficulty in recollecting particular words, which caused him to commit numerous mistakes in writing or speaking to patients; he substituted one word for another, and could not think of the particular word he wished to write or make use of: paralysis of the right side quickly supervened, with general debility, complete languor, and gradual failure of the mental faculties. Although rather a digression, I may remark that in Dr. Griffin's case, as described in this Journal for November, 1848, it is mentioned, that he suffered, at a remote period from his last illness, from supra-orbital and facial pains, which were considered to be mere *tic douloureux*, or rheumatic in their nature; the sequel, however, renders it probable that these pains were produced by the incipient stage of the cerebral disease which afterwards proved fatal. The periodicity of supra-orbital neuralgic pain often leads us to mistake organic mischief within the brain for the more ordinary and curable forms of brow-ache.

CASE IV.—Mr. D., aged 40, large, muscular, and robust, suffered for several years from gouty seizures of moderate severity in the feet, for which he took *colchicum* largely, and always with immediate relief.

The last attack was in the thumb of his right hand ; there was a good deal of swelling and stiffness, but little pain or redness. It was the shooting season, and he was very anxious to regain the use of his hand, for which purpose he poured a quantity of cold water on it out of a kettle ; the result was that the swelling and stiffness abruptly disappeared, but, in a few days afterwards, his manner was altered, he became restless, irritable, moody, and desponding, although a man of large fortune, without anything to fret him ; in a short time he became decidedly insane, and is still, I believe, in a lunatic asylum, without any prospect of recovery, though several years have elapsed since the aberration of mind was first discovered.

CASE V.—Mr. R., the subject of Case III., suffered during the spring of this year from one of his ordinary attacks of gout, but it was unusually mild, and he paid little attention to it ; before the subsidence of the gouty inflammation, he was agitated in consequence of the departure of one of his sons for the Crimea ; he became low-spirited and desponding, without the slightest reason, about his pecuniary affairs, and after a little betrayed unmistakable evidences of insanity, the delusions being chiefly relating to religion ; it was observed, at the same time, that all traces of gouty inflammation had disappeared, and that, from being a perfect cripple, he suddenly regained, to a considerable extent, the power of moving and using his limbs. There was occasional pain over the left eyebrow, occasionally noises in the head ; a constricted feel across the forehead ; great thirst, with much flatulency and acidity of stomach ; sleeplessness ; he occasionally forgot a word in conversation ; the eyes were bright, and in constant motion ; the bowels regular ; the pulse weak, irregular, and intermitting. Some leeches were applied over the left eyebrow, and subsequently to the anus, as bleeding hemorrhoids, to which he had been subject, had not of late appeared. The mental delusions, however, continued, and extended to many matters ; and no success attended our efforts to recall by stimulating applications gouty action to the extremities. He was then brought to Dublin for medical advice, and, after continuing pretty much in the same state for some time, gradually sank.

There are many such instances on record of insanity occurring as the result of the repercussion of gouty attacks, and it is worthy of remark, that the gouty seizures, whose abrupt cessation was so rapidly followed by mental derangement, were in this, as in many other instances of gouty metastasis, by no means severe or acute, showing that even tri-

fling attacks of gout may, if injudiciously treated, be followed by very dangerous consequences.

Insanity, the result of gouty metastasis, sometimes alternates in a remarkable manner with bronchitis, the mental aberration disappearing on the supervention of an attack of bronchitis, but returning on the cessation of the latter. A case of this nature is related in the forty-first volume of the *Edinburgh Medical and Surgical Journal*, at page 385.

Instances of the complete and permanent removal of insanity in gouty persons, by a regular fit of gout in the extremities, are not very uncommon. Bayle, in his work on Anomalous Gout, mentions some such cases, and one is given at length in the second volume of the *London Medico-Chiurgical Review*.

“M. A., 46 years of age, a comptroller of the Customs, of full habit and sanguine temperament, contracted debts during a protracted intermittent fever, which he was not afterwards able to discharge. Other misfortunes followed, which produced a melancholy state of mind. He was sober, active, and temperate in his food. In the month of January he had an attack of gout, which confined him a fortnight to the house. Greatly embarrassed with debts, and laboring under much anxiety of mind, he came to Paris, on the 29th December, 1820. His nights were now passed without sleep, and in a state of agitation, experiencing, at the same time, inexpressible pain in the head, and violent palpitation of the heart. Everything presented itself to his imagination in the most gloomy colors. These symptoms increasing, he was, on the 2nd Jan., in a state of actual derangement. Seized also with the desire of suicide, he distributed what little money he had to those who were nearest to him, and hastened out of Paris, without knowing whither he went, carrying with him a knife, with which he inflicted several wounds on himself, but none of them mortal, the knife being very blunt. He next resolved to drown himself; and arriving at the Pont de Neuilly, he was on the point of precipitating himself into the river, when he was prevented by a female, who, catching hold of him, exclaimed, “*What will become of your soul?*” He went into a cabaret, where he passed the night. Next morning he attempted to hang himself, and nearly succeeded. On recovering from a state of insensibility into which he was thrown, he found himself quite bereft of sight; but this gradually returned, together with a glimmering of reason, which induced him to resist the desire of suicide. But this he could not long do. On returning to Charenton, he endeavored to drown himself in the Marne, but was prevented by the thickness of the ice. Here he was secured and conducted to the Royal Asylum at Charenton, as a maniac. On examination, he was found in a high state of maniacal excitement, and was twice bled with benefit. Nevertheless, his face continued red, his pulse full and hard, his heart violently palpitating, and his mind in a state of profound melancholy. He remained at Charenton in a state of mental derangement, with much excitement, till the 7th January,

when a fit of gout attacked both feet, and presently he was in a state of sound mind. He could not, however, perfectly recollect all that had passed during his phrensied condition. The gout ran a regular and pretty severe course, and the mental alienation returned no more.

“The reader must here determine in his own mind whether the gout or the moral afflictions were the cause of the mental alienation. For our own parts, we think the melancholy moral emotions prevented the regular course of gout to the extremities, and threw it on the sensorium, with the consequent tendency to suicide and insanity. This idea is strengthened by the evident fact, that a regular attack of gout in the feet instantaneously dissipated the maniacal hallucination.”

CASE VI.—Mr. E., aged 60, subject to gout in its regular form, had one of his usual attacks of the disease in the spring of 1845; while recovering from it, but before the local symptoms had completely subsided, he received a letter, the contents of which startled him considerably; a few minutes had scarcely elapsed when he fell from his chair, and on seeing him, shortly after, I found that there was hemiplegia of the right side of the body; there was some confusion of mind; nausea; imperfect utterance; the surface was cold; the face pallid; the pulse weak, intermitting, and slow. The paralyzed limbs were numb, cold, and powerless, and all traces of gout had left them. The head was shaved, the nape blistered, sinapisms were applied to the feet and knees, where the last attack of gouty inflammation was located, the bowels were freely acted on, and blue pill, with James's powder, administered.

In about a fortnight the gout returned to the right knee in a severe form, and the paralytic symptoms slowly but completely disappeared.

The occurrence of hemiplegia as a consequence of gouty metastasis, except where it follows apoplectic seizures, is not frequently observed.

Dr. Parry, in his *Elements of Pathology and Therapeutics*,* mentions two instances in which the immersion of a gouty foot in cold water produced instant relief of the pain, and a proportional abatement of the inflammation; hemiplegia, however, followed in a few hours, but the result is not given.

I have seen two instances of general convulsions occurring after the sudden subsidence of gouty inflammation in the extremities. The patients were advanced in life, and the symptoms and progress of the affection were so much alike in both, that I shall only give the particulars of one of them.

* Page 396.

CASE VII.—A gentleman, aged 76, had been subject to attacks of acute gout for forty years; latterly the gouty paroxysms had become so mild, and of so atonic a character, that he paid but little attention to them, lived generously, and drove out in all weathers. In the year 1850, when laboring under a slight arthritic attack, which he wholly neglected and disregarded, he suddenly fell from his chair, while at breakfast, in a fit of general epileptic convulsions: there were foaming at the mouth, perfect insensibility, and snoring; the face was pale; the vessels of the scalp and forehead largely distended, and the pulse irregular, intermitting, and slow. Being at a distance from medical advice, but little was done; and, after continuing in a comatose state for some hours, he gradually recovered. On examining the foot which had been the seat of gout, the redness and tenderness had disappeared. During the two years which elapsed between this attack and his death, numerous epileptic seizures occurred, but hardly any trace or symptoms of regular gout manifested themselves; and in the intervals between the convulsive seizures he was in tolerable good health, occasionally complaining of headache or uneasy sensations in his head; the pulse continued all along intermittent, and from 36 to 40 in a minute, probably owing to a dilated and softened condition of the heart.

CASE VIII.—The second case terminated somewhat differently; the patient, who was of gouty habit, became suddenly affected with a regular epileptic paroxysm while recovering from a slight attack of gout in one of the extremities. The epileptic attacks were similar to what I have before described, and returned very frequently for eighteen months, but she enjoyed pretty good health in the intervals between them; at last, a severe attack of gout suddenly supervened in the right hand, and from that time until her death, which occurred from influenza three years afterwards, there was no return of the convulsive attacks. In both cases there was but little done in the way of medical treatment; occasional blisters to the nape, issues, regulating the bowels, and sinapisms to the extremities being the chief remedies employed.

Epileptic attacks, when they occur for the first time in advanced life, are seldom much influenced by active medical interference, and blood-letting, either general or local, is seldom required. I have seen more than one case of this sort, where venesection, practiced during the comatose condition which followed the epileptic paroxysm, seemed to cause a recurrence of the convulsions to a frightful extent, besides inflicting serious damage on the powers of the constitution. I cannot

say that I have ever seen much, if any, advantage from blisters or issues to the nape of the neck in such cases. I may, however, remark, that in a few instances I have known remarkable relief afforded by large caustic issues on the vertex; and, as far as my experience goes, whether the nape or the vertex be preferred for the issue, it should be on a large scale, and made with the *potassa fusa*. From the beneficial effects which I have seen to follow the administration of the cotyledon umbilicus in a few cases of epilepsy, I think that in senile epilepsy, whether associated with gout or not, it would be right to test the powers of that remedy; as, although the epilepsy of advanced life is very often the result of organic cerebral mischief, I have myself in several such instances found nothing, on *post-mortem* examination, but a remarkably pale and bloodless appearance of the brain and its meninges.

CASE IX.—Mr. D., aged 40, a publican of very intemperate habits, was seized with one of his ordinary fits of gout in October, 1843. He took some active aperient medicine, and remained in bed for a few days, without, however, relinquishing his intemperate habits. Feeling himself much better after a few days, he walked out to superintend some farming business on a very cold day, and on returning found that all uneasiness had left his foot, and that he could walk with ease and freedom from pain. During the night he was restless and fidgety; fancied that there were spiders creeping over him, that the police were about to arrest him, and he gradually became exceedingly irritable and unmanageable. He could not sleep, and complained of noises in his head and pain in his forehead; his eyes were bright, but not suffused; the pulse 120, small and feeble; the surface of the body warm and perspirable; the slightest noise could not be borne, and he was incoherent, although rational when spoken to. Next morning I saw him, and found that he was pretty much in the condition above described. I remarked, however, that there was no tremor either of the tongue or limbs; he complained of extreme exhaustion and debility; the tongue was free from fur, and there was some diarrhoea; he rambled constantly when left to himself; sobbed occasionally, and at other times spoke just as persons in *delirium tremens* express themselves. The head was shaved, and an evaporating lotion applied. Six ounces of blood had been abstracted by cupping from the nape before I saw him, without any obvious effect, except that he became extremely faint for a time, and afterwards very loquacious. Sinapisms were applied to the feet; the bowels were freely acted on, the diarrhoea having ceased,

and twenty drops of laudanum in a glass of port wine given every second hour. There were great restlessness, loquacity, and wandering during the night. He frequently left his bed, but staggered on attempting to stand or walk; towards morning he fell into a deep sleep, after taking four or five doses of the laudanum and wine, and after a long sleep of several hours' duration he awoke, quite composed in his mind, but still fidgety, restless, and uneasy. In the course of the day he complained loudly of one of his feet, and it was discovered that one of the sinapisms had been left on unintentionally since the preceding day. The foot was very much inflamed, and showed the peculiar appearances which characterize gouty inflammation. He took for some days a combination of acetum colchici, sulphate of magnesia, in peppermint water, and was quickly restored to health, the pain in the gouty foot being much allayed by the application of a solution of cyanide of potassium in water, with the addition of tincture of aconite.

In this case the cerebral irritation, whether it was the result of the repercussion of gout or the consequence of intemperance alone, assumed the features of delirium tremens, and yielded to the plan of treatment applicable to that disease. There was, however, a good deal of headache and intolerance of sound, besides a total absence of tremor, which seemed to imply that the condition of the brain, although allied to that which exists in delirium tremens, was in some respects different from what we observe in the latter disease. The laudanum was, therefore, given in smaller doses than are usually prescribed in delirium tremens. The cerebral irritation or congestion in the case was an instance of that peculiar condition of the brain and its membranes described by Andral as the seventh form of cerebral congestion, and by Abercrombie as "a dangerous form of meningitis, which shows on dissection only increased vascularity."

The train of symptoms, which this morbid condition of the brain gives rise to, springs up in the course of a great many diseases, viz., fever, the puerperal fever, jaundice, diseases of the kidney, the sudden retrocession of the menses, hysteria, injuries of the head occurring in nervous or hysterical persons; and, as we shall hereafter see, in erysipelas, cynanche parotidæa, and certain pulmonary affections. The great majority of such cases will not bear depletion, but yield to opiates or to stimulants, or a combination of both; or, lastly, to nourishing diet and an expectant plan of treatment. In some such cases opium will prove hurtful, particularly if at once given in the large

doses which true delirium tremens requires. Lastly, local depletion will in some similar cases be of service ; but such are exceptional, and the symptoms which indicate its use are by no means clear or well defined.

When the metastasis to the brain occurs in the course of *acute rheumatism*, the sudden disappearance of the disease in the articulation, is followed by symptoms of cerebral engagement, which vary much in different cases. Metastasis to the brain in acute rheumatism runs a rapid course, and proves speedily fatal, unless the constitutional strength of the patient, and the early detection of the cerebral complication, permit of prompt and decided antiphlogistic treatment. In almost all the recorded instances* of rheumatic metastasis to the brain which I have met with,† death resulted in from a few hours to four or five days, when general and local depletion, mercurialization of the system, and the other details of the antiphlogistic treatment, could not, owing to the patient's weakness or prostration, be employed ; nothing but decided measures will save life ; mere local depletion will generally fail in a disease which destroys life in a few hours or days. Severe headache, intolerance of light and sound, pyrexia, flushed face and suffused eyes, followed by rambling and delirium, suddenly supervening on the abrupt disappearance or subsidence of the local rheumatic affection, is the rarest form of rheumatic metastasis to the brain, and if associated with a full and bounding pulse, is by far the most amenable to treatment. When such symptoms, however, arise, we should not forget that one of the most insidious and fatal forms of rheumatic pericarditis is ushered in by a similar group of cerebral symptoms, and an entire absence of the ordinary signs, at least the rational ones, of pericarditis.

In some instances of rheumatic metastasis to the brain, the cerebral attack is announced by headache, more or less severe, intermittent, or constant, and lasting for some hours or days, followed by hemiplegia,

* Exceptional cases will, however, occur ; thus Dr. Graves has published in the twentieth volume of the first series of this Journal, an instance of rheumatic metastasis to the brain, in which the symptoms assumed the aspect of, and yielded to the usual treatment of, delirium tremens, viz., wine and opium. In Hull's work, too, on Blood to the Head, p. 53, a case is given in which counter-irritation and internal stimulants saved the patient ; the pulse was intermittent and the patient comatose.

† In the *London Medico-Chirurgical Review*, vol. ii, p. 431, a case was given by Dr. Cox, which was successfully treated by blood-letting. See also same work, vol. vii, p. 351 ; and No. 89, p. 47.

coma, and death in a few hours or days. In other instances there is an entire absence of headache; there is merely a sense of weight or tightness in the head; the countenance is wild and anxious; there is intolerance of light or sound; rambling, followed by more decided delirium, ensues; then strabismus, coma, and sinking. Lastly, rheumatic metastasis to the brain occasionally assumes an aspect not unlike one of the forms of gouty cerebral metastasis—viz., the disappearance of the local affections of the joints being followed by loss of memory, particularly of proper names,* ending in more or less complete loss of speech or memory of words, strabismus, sighing, yawning, moaning, preceded or accompanied by fits of screaming, and finally ending in more or less stupor, interrupted by gleams, of returning consciousness, until death closes the scene, without any headache or giddiness being complained of from first to last.

In some of the forms of rheumatic metastasis above described, the pulse will be found to be full and bounding: here active measures have a fair chance of saving life, if early and perseveringly employed. In other cases the pulse is weak, irregular, and intermitting; the face is pallid; the surface inclined to be cold, and the patient worn out by the previous rheumatic attack, or the active measures used for its relief. Under such circumstances the chance of recovery is but small. On examination after death, in such cases, we find, sometimes, more or less serous effusion into the ventricles and upon the surface of the brain; the arachnoid membrane appears to be thickened, and often there is subarachnoid effusion of a greenish, gelatinous fluid, and increased muscularity of the substance of the brain. In a case recorded in the *London Medico-Chirurgical Review*, the cerebral seizure seemed to be in some measure traceable to the too active treatment of the preceding, rheumatic affection of the joints by leeches, &c. In all diseases where a tendency to metastasis to vital organs is known to exist, we should be slow to use active measures for relieving the parts in which the disease originally locates itself.

In concluding this subject I may mention, that in the course of acute rheumatism the brain may be attacked in the various ways I have described, without any accompanying subsidence of the affection of the joints, just as pericarditis may spring up and follow its usual course without any change in the state of the articulations.

* For a case of this description see Macleod on Rheumatism, p. 117.

It is well known that, during the course of an attack of *cynanche parotidæa*, metastasis occasionally takes place to the testes, mamma, or brain; and this tendency to metastasis appears to be greater in some epidemics than in others. During the year 1850, mumps were very prevalent in this neighborhood, and numerous instances of metastasis to the testicles, in the course of the disease, fell under my notice. In one remarkable instance, in which the disease affected the entire family, several of whom were adults, the disease in one case first appeared in the testis, the salivary glands having become subsequently engaged. And in Underwood's work on the Diseases of Children, an epidemic is described in which it frequently happened that the testicles alone were affected. In the fourth volume of the *Edinburgh Medical and Surgical Journal*, page 104, an account is given of some cases of mumps occurring on board ship, in which twelve persons were affected with the disease: all were adults, and in all there was metastasis to the testicles, and in two out of the twelve to the brain.

Metastasis to the testicle is seldom observed except in adults; but both in children and in adults improper treatment will cause a translation of the disease from the salivary glands to the brain: thus, Sir Astley Cooper has seen an instance of fatal pressure on the brain resulting, in a boy eleven years of age, from the application of a cold evaporating lotion over the inflamed parotids.

The head is liable to be affected in many ways in the course of mumps: high fever and delirium may accompany the disease when confined to the salivary glands, or the same symptoms may attend on the testitis when the latter is severe; the head affection, in both cases, being the result of excessive local inflammation, either in the original seat of the disease or in the testicle. Lastly, the head may become engaged upon the subsidence, either of the inflammation of the salivary glands or of the testicle, giving rise to metastatic phrenitis or cerebral irritation in some cases,—as occurred in the epidemic referred to,—announced by severe headache; a feeling of tightness, as if the head was bound round by a tight cord; suffused eyes; a wild expression of countenance, and intense pyrexia; requiring general or local depletion, blisters to the shaved scalp or to the nape, cold applications to the head, drastic purgatives, the administration of mercury, and warm fomentations to the scrotum. In other cases, of which I shall relate an example, a different class of symptoms accompanies the cerebral complication, and requires a very opposite mode of treatment.

CASE X.—Mr. S., aged 35, of temperate habits and of nervous temperament, became afflicted with cynanche parotidæa, and, not being aware of the nature of his illness, went out into the open air on a cold day. There was hardly any febrile excitement, and the swelling of the glands was but trifling, and quickly subsided. On the fourth day after first complaining the right testis became enlarged, tender, painful, and weighty: stupes and poultices were used, and the recumbent posture observed: the inflammatory symptoms increased so much, however, that twelve leeches were applied to the scrotum, and an aperient, which acted violently, was administered, with manifest relief to the local symptoms. The pain and swelling of the testis rapidly declined during the few succeeding days, so that on the tenth day of his illness but little traces of it remained; but he remarked to me that he passed a restless, sleepless night; whenever he endeavored to sleep spectral illusions haunted his mind; he seemed low-spirited, nervous, fretful, and fidgety; he spoke a good deal, and with unwonted rapidity; now and then he laughed and smiled without adequate cause; there was no headache, but a good deal of tinnitus; the face was pale; the eyes bright, prominent, sparkling, staring, and in constant motion, but not in the least suffused; there was no febrile excitement, and the pulse was 72, soft and compressible. He was ordered five grains of extract of henbane every three hours, and to have strong chicken broth occasionally, also some arrow-root, with a small quantity of port wine, two or three times during the day. In the evening I found him in a very excited condition; he spoke incoherently and with great volubility, and in the course of the night became very delirious and unmanageable. He screamed and talked in the most excited manner, pointed to and addressed imaginary objects, made several attempts to leave his bed and room, and passed the night in a state of the utmost excitement; still he knew those around him, answered questions correctly, but his manner was constrained, and his articulation rather indistinct.

Towards morning he fell into a drowsy condition, snored loudly, sighed, yawned, and muttered a good deal. His face all along was deadly pale, and the eyes wild and staring, without being suffused; he could easily be roused, and then described the hallucinations which disturbed him during the night: he complained of flashes of fire before his eyes, like stars or flashes of lightning, and seemed to be in a half comatose condition. There was no dilatation of the pupils or strabismus, but he could not see well; and, what alarmed me most, the pulse fell to

40, and was soft and laboring. I ordered him a glass of port wine every two hours, a blister to the nape, an astringent mixture, to check some diarrhœa which existed, and mercurial frictions, also fomentations to the scrotum; the henbane pills were discontinued, and broth given frequently. Towards evening he appeared more rational, and fell into a deep slumber, from which he awoke composed and sensible; the pulse rose from 40 to 72 in a minute, and he quickly recovered. The gums were very sore for some days, and there was no return of the disease to the testicle or parotids.

In the epidemic described by Dr. Noble it is a remarkable fact, that active antiphlogistic measures, such as venesection and strong aperients, were employed in most of the cases to relieve the original inflammatory condition of the parotids; yet, in all the twelve cases, there was metastasis to the testicles, and in two instances to the brain. Is it not probable that the tendency to metastasis was increased, if not produced, by the inordinate depletion and activity which characterized the treatment?

Without altogether subscribing to the opinions of Velpeau and Abernethy, the former of whom considers local depletion hurtful, and the latter useless, in ordinary hernia humoralis, the propriety of applying leeches in orchitis occurring in the course of cynanche parotidæa, is, I think, doubtful; poulticing, stuping, and the recumbent posture, with aperients, will, with low diet, reduce the inflammatory symptoms, perhaps not so rapidly as if local depletion were employed, but in the end quite as well for all practical purposes, and the danger of metastasis to the brain will be diminished. We know that in enlargements of the testicle, unconnected with mumps, the sudden reduction of the swelling, by revulsive treatment, has been followed by fatal cerebral seizures—as occurred in a case mentioned by Travers, in his work on Constitutional Irritation.*

“A gentleman, of dissipated habits, had a great enlargement of both testicles, for which he applied a strong solution of acetate of lead; the volume of the testicles was suddenly reduced, and he was as suddenly attacked ‘with a fit resembling apoplexy.’ He never perfectly recovered, and died some years afterwards of a second apoplectic seizure.”

When *erysipelas*, particularly of the head, is on the wane, and the patient is progressing favorably, just when the swelling has almost disappeared, and the cuticle is scaling off, delirium of an active charac-

ter not unfrequently sets in ; the patient talks and acts like a person in delirium tremens ; there are the same restlessness, loquacity, anxiety to leave the bed, and total want of sleep, which are observed in delirium tremens ; in addition, the pulse becomes very rapid, the face flushed, the head hot, and the patient very often cannot, as is the case in delirium tremens, be got to answer questions unconnected with his delusions rationally. A case of this description is related in Andral's Clinique Médicale ;* it was cured by opium, after the previous ineffectual use of general and topical bleeding.

I have seen several such cases ; in some the symptoms spontaneously disappeared ; in the more protracted forms, opium and a sustaining regimen were, as in Andral's case, successfully employed ; in a few instances in which the symptoms of cerebral engagement presented at first on the subsidence of erysipelas were identical with the above, the severe headache, delirium, and restlessness were, after a day or two, followed by coma, convulsions, and death. Two such cases are given in Parent Duchatelet's work, " Sur L'Arachnite,"† and the chief morbid appearances were gelatinous effusion under the arachnoid, and thickening of the latter membrane.

In the course of *phthisis pulmonalis*, the pulmonary symptoms sometimes disappear, or become remarkably mitigated on the sudden super-vention of alarming indications of cerebral mischief, the head affection running a rapid course, very similar to what is observed in the severer and more dangerous forms of erysipelatous metastasis to the brain. The violence of the headache, its sudden approach, and the patient being, perhaps, subject to rheumatism, sometimes causes the complaint to be mistaken for neuralgia or rheumatism, until the appearance of delirium, convulsions, and coma discloses the real nature of the attack ; in the few cases I have observed of this description, the headache in the commencement of the attack was uncommonly acute, the patients cried out, were unable to sleep, and paced the room in agony. In one of these instances the administration of a very small dose of the muriate of morphia was almost immediately followed by insensibility and death. In two such cases, which I had an opportunity of inspecting after death, there were several small miliary tubercles embedded in the pia mater at the base of the brain, which by their irritation had evidently induced a fatal amount of arachnitis in their vicinity. The disease runs a very

* Vol. v, p. 304.

† Page 185.

rapid course, and ends fatally in a few days, being in general wholly uncontrolled by medical treatment.

The sudden and more or less complete cessation of all the rational symptoms of phthisis, which many physicians have observed to take place on the supervention of insanity, is a very remarkable instance of the metastasis of morbid action to the brain ; in the majority of such cases the course of the pulmonary disease is only suspended for a time, but in some rare instance the disease in the lungs remains dormant or latent during life. I know of one instance, which I myself witnessed, in which the insanity has continued for fifteen years without any return of the symptoms indicative of phthisis.

In the course of certain forms of *bronchitis*, and more especially of *pneumonia*, a transference of diseased action from the lungs to the brain is occasionally, but rarely, observed ; the morbid affections of the two organs seem to alternate with each other ;* the pulmonary symptoms disappearing on the accession of the cerebral, and the latter, in their turn, ceasing on the return of the pectoral affection, which in such cases is usually of a very formidable character, and not so speedily amenable to the usual remedies as ordinary pneumonia of a more sthenic character.—*The Dublin Quarterly Journal of Medical Science*.

LAW CASES BEARING UPON INSANITY.

INSANITY AS A DEFENSE.—DELIRIUM TREMENS.

[*The United States vs. McGlue* ; 1 Curtis' (U. S.) C. R., 1.]

THE prisoner, who was second officer on board the bark *Lewis*, was indicted for the murder of the first officer of that vessel while on board. The defense was insanity. The other facts appear in the charge of the court.

CURTIS, J.—The prisoner is indicted for the murder of Charles A. Johnson. It is incumbent on the government to prove the truth of every fact in the indictment necessary in point of law to constitute the offense.

* In the *Edinburgh Medical and Surgical Journal*, vol. xli, p. 385, a singular instance is given of a person in a lunatic asylum being subject to fits of bronchitis, which were checked on several occasions by a paroxysm of mania coming on, and which was, in its turn, cut short by an attack of bronchitis.

These facts are in part controverted, and in part, as I understand the course of the trial, not controverted; and it will be useful to separate the one from the other. That there was an unlawful killing of Mr. Johnson; that the mortal wound was inflicted by the prisoner at the bar; that this wound was given and the death took place on board of the bark *Lewis*; that Johnson was the first, and the prisoner the second officer of that vessel at the time of the occurrence; that the vessel at that time was either on the high seas, as is charged in one count, or upon waters within the dominion of the Sultan of Muscat, as is charged in another count; and that the prisoner was first brought into this district after the commission of the alleged offense—do not appear to be denied; and the evidence is certainly sufficient to warrant you in finding all these facts. It is not upon a denial of either of these facts that the defense is rested, but upon the allegation by the defendant, that at the time the act was done he was so far insane as to be criminally irresponsible for his act. And this brings you to consider the remaining allegation in the indictment which involves this defense. It is essential to the crime of murder that the killing should be from what the law denominates malice aforethought, and the government must prove this allegation.

Now, if you believe the evidence, there can be no question, that the killing was malicious, provided the prisoner was at the time in such a condition as to be capable, in law, of malice. If he was then so insane that the law holds him irresponsible, it deems him incapable of entertaining legal malice; and one main inquiry in this case is, whether the prisoner, when he struck the blow, was so far insane as to be held by the law irresponsible for intentionally killing Mr. Johnson.

Some observations have been made by the counsel of each side respecting the character of this defense. On the one side, it is urged that the defense of insanity has become of alarming frequency, and that there is reason to believe that it is resorted to by great criminals to shield them from the just consequences of their crimes; that there exist in the community certain theories concerning what is called moral insanity, brought forward on trials of this kind, tending to subvert the criminal law, and render crimes likely not to be punished. On the other hand, the inhumanity and injustice of holding him guilty of murder who was not at the time of the act a reasonable being, have been brought before you in the most striking forms.

These observations of the counsel on both sides are worthy of your

attention, and their effect should be to cause you to follow steadily, carefully, and exactly the rules of law upon this subject. The general question, whether the prisoner's state of mind when he struck the blow was such as to exempt him from legal responsibility, is a question of fact for your decision. But there are certain rules of law which you are bound to apply, and the court, upon its responsibility, is to lay down; and these rules, when applied, will conduct you to the only safe decision.

You will observe, then, that this defense of insanity is to be tested and governed by principles of law, and not by any loose, general notions which may be afloat in the community, or even the speculations of men of science; and I now proceed to state to you such of them as are applicable to this case.

The first is, that the defendant must be presumed to be sane till his insanity is proved. Men, in general, are sufficiently sane to be responsible for their acts. To be irresponsible because of insanity is an exception to that general rule. And before any man can claim the benefit of such an exception, he must prove that he is within it.

You will therefore take it to be the law, that the prisoner is not to be acquitted upon the ground of insanity, unless upon the whole evidence you are satisfied that he was insane when he struck the blow.

The next inquiry is, What is meant by insanity? What is it which exempts from punishment, because its existence is inconsistent with a criminal intent? Clearly, it is not every kind and degree of insanity which is sufficient. There are undoubtedly persons of great general ability, filling important stations in life, who upon some one subject are insane. And there are others whose minds are such that the conclusions of their reason and the results of their judgment are very far from right. And others whose passions are so strong, or whose conscience, reason, and judgment are so weak, so perverted, that they may in some sense be denominated insane. But it is not the business of the law to inquire into these peculiarities, but solely whether the person accused was capable of having, and did have a criminal intent. If he had, it punishes him; if not, it holds him dispunishable. And it supplies a test, by which the jury is to ascertain whether the accused be so far insane as to be irresponsible. That test is the capacity to distinguish between right and wrong as to the particular act with which he is charged. If he understands the nature of the act, if he knows that it is criminal, and that if he does it he deserves punishment, then he is not so far insane as to be exempt from responsibility. But if he is un-

der such delusion as not to understand the nature of the act, and has not reason and judgment to know that he is deserving of punishment, then he is not responsible. This is the test which the law prescribes, and which you are to apply in the present case.

It is asserted by the prisoner that when he struck the blow he was suffering under a disease known as *delirium tremens*. He has introduced evidence tending to prove his intemperate drinking of ardent spirits during several days before the time in question, and also certain effects of this intemperance. Physicians of great eminence, and particularly experienced in the observation of this disease, have been examined on both sides. They were not allowed to give their opinions upon the case; because the case, in point of fact, on which any one might give his opinion, might not be the case which you, upon the evidence, would find; and there would be no certain means of knowing whether it was so or not. It is not the province of an expert to draw inferences of fact from evidence, but simply to declare his opinion upon a known or hypothetical state of facts; and therefore the counsel on each side have put to the physicians such states of facts as they deem warranted by the evidence, and have taken their opinions thereon. If you consider that any of these states of fact put to the physicians are proved, then the opinions thereon are admissible evidence, otherwise they are not applicable to this case. And here I may remark, that although in general witnesses are held to state only facts, and are not allowed to give their opinions in a court of law, yet this rule does not exclude the opinions of those whose professions and studies, or occupations, have rendered them peculiarly skillful concerning particular questions. We take the opinion of physicians in this case for the same reason that we resort to them in our own cases out of court, because they are believed to be better able to form a correct opinion upon a subject within the scope of their studies than men in general. But these opinions, though proper for your consideration, are, nevertheless, not binding on you against your own judgment, but should be weighed, and especially where they differ, compared by you, and such effect allowed to them as you think right. Besides these opinions, the physicians have also described to you the symptoms of the disease *delirium tremens*. They all agree that it is a disease of a very strongly marked character, and as little liable to be mistaken as any known in medicine. Dr. Bell says the symptoms are :

“ 1. Delirium, taking the form of apprehensiveness on the part of the

patient. He is fearful of something ; imagines demons and snakes around him. In attempting to escape, he will attack others as well as injure himself. But he is more apprehensive of receiving injury than desirous of inflicting it, except to escape. He is generally timid and irresolute, and easily pacified and controlled.

“ 2. Sleeplessness. I believe *delirium tremens* can not exist without this.

“ 3. Tremulousness, especially of the hands, but showing itself in the limbs and the tongue.

“ 4. After a time sleep occurs, and reason thus returns ; usually the sleep comes on in not less than three days, dating from the last sleep. At first it is broken ; then this is followed by a profound sleep, lasting six or eight hours, from which the patient awakes sane.”

Dr. Stedman, after describing its symptoms substantially as Dr. Bell did, says its access may be very sudden, and he has often known it first to manifest itself by the patients attacking those about them, regarding them as enemies ; that a case may terminate in two days, and rarely lasts more than four days.

Regarding these accounts of the symptoms of this disease, you will inquire whether the evidence proves that they existed in this case ; and whether the previous habits and the intemperate use of ardent spirits, from which this disease springs, are shown ; and whether the recovery of the prisoner corresponded with the course and termination of the disease of *delirium tremens* as described by the physicians.

It is not denied, on the part of the government, that the prisoner had drank intemperately of ardent spirits during some days before the occurrence. But it is insisted, that he had continued to drink, down to a short time before the homicide ; and that when he struck the blow it was in a fit of drunken madness. And this renders it necessary to instruct you concerning the law upon the state of facts which the prosecutor asserts existed.

Although *delirium tremens* is the result of intemperance, and therefore in some sense is voluntarily brought on, yet it is distinguishable, and by the law is distinguished, from that madness which sometimes accompanies drunkenness.

If a person suffering under *delirium tremens* is so far insane as to render him irresponsible, the law does not punish him for any crime he may commit.

But if a person commits a crime while intoxicated, under the im-

mediate influence of liquor, the law does punish him, however mad he may have been. It is no excuse, but rather an aggravation of his offense, that he first deprived himself of reason before he did the act. There would be no security for life or property if men could commit crimes with impunity, provided they would first make themselves drunk enough to cease to be reasonable beings. And, therefore, it is a very important inquiry in this case whether this homicide was committed while the prisoner was suffering under that marked disease of *delirium tremens*, or in a fit of drunken madness. If the prisoner while sane made himself intoxicated, and while intoxicated committed a murder by reason of insanity, which was one of the consequences of that intoxication, then he is responsible in point of law, and must be punished. This is as clearly the law of the land as the other rule, which exempts from punishment acts done under *delirium tremens*. It may sometimes be difficult to determine under which rule the accused comes. But it is the duty of the jury to ascertain from the evidence on which side this case falls, and to decide accordingly.

It may be material for you to know on which party is the burden of proof in this part of the case. It is incumbent on the prisoner to satisfy you that he was insane when he struck the blow, for the law presumes every man to be sane till the contrary is proved. But if the contrary has been proved, the law does not presume that the insanity of the prisoner arose from any particular cause; and it is incumbent on the party which asserts that it did arise from a particular cause, and that the prisoner is guilty by law, because it arose from that cause, to make out this necessary element in the charge to the same extent as every other element in it. For the charge then assumes this form—that the prisoner committed a murder, for which, though insane, he is responsible, because his insanity was produced by and accompanied a state of intoxication. The government must satisfy you of these facts, which are necessary to the guilt of the prisoner in point of law. If you are convinced that the prisoner was insane to such an extent as to render him irresponsible, you will acquit him, unless you are also convinced that his insanity was produced by intoxication, and accompanied that state; in which case you will find him guilty.

The prisoner was acquitted.

NOTE.—This distinction between *delirium tremens* and temporary madness, induced by intoxication, is laid down in *The United States vs. Drew*, 5 Mason, 28; and (in England) in John Burroughs's case,

1 Lewin, C. C., 75. In the latter case, Holroyd, J., said,—“ Drunkenness is not insanity, nor does it answer to what is termed an unsound mind, *unless the derangement which it causes becomes fixed and continued by the drunkenness being habitual, and thereby rendering the party incapable of distinguishing between right and wrong.*” That mere drunkenness is no excuse for crime is very clearly settled by many decisions both in this country and in England. *Cornwell vs. The State*, Mart. & Y., 147, 149; *Burnet vs. The State*, 133, *ib.*; *The State vs. Turner*, 1 Wright’s Ohio, 30; *The State vs. Thompson*, *ib.*, 617; *Schaller vs. The State*, 14 Missouri, 502; *The State vs. John*, 8 Ired., 330; *Pirtle vs. The State*, 9 Humph., 663; *Kelly vs. The State*, 3 Smedes and M., 518; *The United States vs. Clarke*, 2 Cranch, C. C. R., 158. But though drunkenness is not of *itself* a complete defense to crime, as insanity is, yet it may be admissible to the jury as evidence of the *intent*, in certain cases, with which the act was done. Thus in *Pigman vs. The State*, 14 Ohio, 555, it was held, on an indictment for passing counterfeit money, knowing it to be counterfeit, that the drunkenness of the prisoner at the time of passing was proper for the consideration of the jury in determining whether he *knew* the bill to be counterfeit. See also, *The State vs. McCante*, 1 Spears, 389; *Pennsylvania vs. Fall*, Addison, 257; *Swan vs. The State*, 4 Humph., 136; *Pirtle vs. The State*, 9, *ib.*, 570; *Haile vs. The State*, 11, *ib.*, 154.—*Law Magazine*.

APOPLEXY, PARALYSIS, SOFTENING OF THE BRAIN—A PLEA FOR
NON-PERFORMANCE OF PROMISE OF MARRIAGE.

Hurford vs. Singleton.—This action was defended on the ground that at the time defendant had promised marriage he was advanced in life—viz., 60 years of age; and that before a reasonable time had elapsed from the request to marry—namely, in May, 1855—he was, by a visitation of God, attacked by a fit of apoplexy, since which time he was in an infirm state, and afflicted with softening of the brain, in consequence of which he could not perform his promise without putting his life in great peril, and hastening his death.

Evidence was called, on the part of the plaintiff, to prove the engagement and to show that no apparent impairment of health or vigor remained after recovery from the attack.

It was stated by defendant's counsel, Mr. Ball, that, in 1849, he had suffered from dropsy and disease of the kidneys; that, in 1852, he had an attack of apoplexy and congestion of the brain. During the interval from that time until May last, he had promised to marry the plaintiff; but that in the latter month he was afflicted with another attack of apoplexy, and was now suffering from paralysis and softening of the brain.

The medical evidence in support of the defense was as follows:

Dr. Speedy had attended the defendant, with Mr. Cusack, in 1849, when suffering under dropsy, and again in 1852, when he had the attack of apoplexy. Dr. Speedy stated that he is now liable to another attack, and is paralytic; further, that an attack of apoplexy would endanger his life. Upon being asked whether marriage would put the life of defendant in peril, Dr. Speedy replied, that the circumstances under which another attack might be produced would depend upon his physical powers. The witness would not give it as his opinion that he might not consummate the marriage without periling his life; he had known many instances of delicate persons marrying and getting stronger and better afterward.

Mr. Wilde had known defendant fourteen or fifteen years; he had seen him in June last, when he found him laboring under paralysis; the defendant had a similar attack in 1852; also a serious varicose ulcer on his leg from 1851 to 1854, off and on; he is now partially paralyzed in the leg and arm, and suffering from loss of memory. Mr. Wilde had doubts whether he could consummate matrimony. As one of the Census Commissioners, Mr. Wilde knew that defendant was not competent to fulfill the duties of the appointment he held in the Census Office.

On cross-examination, Mr. Wilde stated that he had known men get married after apoplexy; he had not known an instance of a person with an arm or a leg paralyzed getting married. He agreed with Dr. Speedy's opinion.

Mr. Cusack had attended defendant in 1852 for an apoplectic attack, also in May last, when he had an apoplectic attack, and was becoming paralytic. Mr. Cusack believed that any excitement would increase the tendency to another attack, and would tend to hasten his death.

The jury returned a verdict for the plaintiff, £300 damages, and costs. The ground of this verdict, it is said, was that the jury considered that an unreasonable time had elapsed between the date of the promise of marriage and the date of the last attack of apoplexy.—

Med. Times and Gazette.

ELEVENTH ANNUAL MEETING OF THE ASSOCIATION
OF MEDICAL SUPERINTENDENTS OF AMERICAN IN-
STITUTIONS FOR THE INSANE.

THIS Association, agreeably to a resolution adopted at the last convention, met at Cincinnati, Ohio, on Monday, May 19th, 1856. The meeting was duly organized at 10, A. M., Dr. Ray, of the Butler Hospital, Providence, R. I., presiding; Dr. Curwen, in the absence of Dr. Kirkbride, acting as Vice-President, and Dr. Nichols, Secretary.

The following gentlemen were present : Drs. I. Ray, Butler Hospital, Providence, R. I. ; John Curwen, Pennsylvania State Lunatic Asylum, Harrisburgh ; C. H. Nichols, Government Hospital for the Insane, Washington, D. C. ; John E. Tyler, New Hampshire State Lunatic Asylum, Concord ; Geo. C. S. Choate, Massachusetts State Hospital, Taunton ; D. Tilden Brown, Bloomingdale Asylum, Manhattanville, N. Y. ; John P. Gray, State Lunatic Asylum, Utica, N. Y. ; M. H. Ranney, New York City Lunatic Asylum ; R. B. Baisley, King's County Lunatic Asylum, Flatbush, L. I. ; J. H. Worthington, Friends' Asylum for the Insane, Frankford, Pa. ; Joseph A. Reed, Western Pennsylvania Hospital, Alleghany City, Pa. ; John Fonerden, Maryland Hospital, Baltimore, Md. ; W. A. Cheatham, Tennessee Hospital for the Insane, Nashville, Tenn. ; T. R. H. Smith, Missouri State Lunatic Asylum, Fulton, Mo. ; W. S. Chipley, Eastern Lunatic Asylum, Lexington, Ky. ; Andrew McFarland, Illinois State Hospital for the Insane, Jacksonville, Ill. ; James S. Athon, Indiana State Hospital for the Insane, Indianapolis, Ind. ; E. H. Van Deusen, Michigan Asylum for the Insane, Kalamazoo, Mich. ; Joseph Workman, Provincial Hospital for the Insane, Toronto, C. W. ; Geo. E. Eels, Central Ohio Lunatic Asylum, Columbus, Ohio ; Joshua Clements, Southern Ohio Lunatic Asylum, Dayton ; J. J. Quinn, Cincinnati Lunatic Asylum, Cincinnati ; R. Hills, Supt. Elect, Central Ohio Lunatic Asylum ; R. C. Hopkins, Supt. Elect, Northern Ohio Lunatic Asylum, Newburgh ; John J. McIllhenny, Supt. Elect, Southern Ohio Lunatic Asylum ; O. M. Langdon, Supt. Elect, Cincinnati Lunatic Asylum ; Edward Mead, Cincinnati Retreat for the Insane ; and S. Hanbury Smith, late of the Ohio Lunatic Asylum, Columbus.

The morning session was occupied in the organization of the meeting and the appointment of the usual committees. In the afternoon a communication from Dr. Annan, Superintendent of the Western Lunatic Asylum, Hopkinsville, Ky., was read by the Secretary. Dr. Workman read a paper on cerebral softening, which gave rise to a full and interesting discussion. The President called the attention of the Association to a consideration of the psychological condition of suicides, involving, among other points, the question of legal responsibility.

TUESDAY.—The morning session opened with the reading and discussion of a paper on Acute Dementia, by Dr. Brown, during which many important facts relative to the frequency of the disease, its etiology and prognosis, were elicited. A very interesting paper was next presented by the President, Dr. Ray, in which the progress hitherto made in the study of the pathology of the nervous system was most ably considered, more particularly in reference to the future progress of medical science. The subject of suicide was again introduced and more widely and fully discussed. In the afternoon the House of Refuge, and the buildings temporarily used for the reception of the insane of Hamilton County and the City of Cincinnati, were visited by the Association.

WEDNESDAY.—The Association met at 9 A. M. Dr. Worthington presented the history of a case of prominence of the eyeballs, with disease of the thyroid gland and heart, which, together with Dr. Workman's paper, read on Monday, will be found in the present number of this Journal. Dr. Curwen called the attention of the Association to the use of charcoal as a deodorizer ; also, to the comparative merits of various systems of ventilation.

A paper, by Dr. Edward Jarvis, of Dorchester, Massachusetts, on the subject of the treatment of the "Criminal Insane," was then read by the Secretary.

The whole subject of special and separate provision for this class of the insane was fully and ably considered in Dr. Jarvis's paper, and its reading was listened to with marked attention, and followed by an interesting discussion.

The Association received invitations to visit several public institutions : the City Infirmary, Cincinnati Orphan Asylum, Medical College of Ohio, Cincinnati Observatory, the Anatomical and Pathological Museum of Prof. Mussey, and the site of the new Hamilton County Lunatic Asylum.

THURSDAY.—The plans of the Hamilton County Lunatic Asylum were laid before the Association by Messrs. Gerard, one of the Board of County Commissioners, and Isaiah Rogers, the architect, and subsequently submitted to a committee, consisting of Drs. Nichols, Curwen, and Smith, of Missouri.

Dr. Quinn read the notes of an interesting case of Masturbation.

On motion of Dr. Choate, it was resolved, that a committee be appointed to draft a series of resolutions expressive of the thanks of the Association for the kindness and attention it had received. The President accordingly appointed Drs. Choate, Ranney, Smith of Missouri, and Brown.

On motion of Dr. Ranney, a committee was appointed to report, at the next meeting of the Association, upon the medical treatment of the different forms of insanity: this committee, subsequently appointed, consisted of Drs. Ranney, Tyler, and McFarland.

Dr. Smith, from the committee on securing uniformity in statistical tables in the reports of different institutions, stated that they were not prepared to give a written report, but were of the opinion that uniformity on such subjects could not be obtained. A long discussion rose on the general subject of statistics and their value, upon which the members expressed their views very freely.

Dr. Smith, of Missouri, from the committee to select a place for the next meeting of the Association, reported in favor of New York, and the time, the fourth Monday of May, 1857. Several amendments were offered, but the report of the committee was finally adopted, changing the time to the third Tuesday of May, 1857. Dr. Nichols, from the committee to examine the plans of the Hamilton County Lunatic Asylum, reported various alterations and improvements in the arrangements of the building, which report, with a resolution attached, suggesting the propriety of sending the architect to visit other institutions in actual operation, was adopted.

Drs. Eels and Hopkins extended invitations to the members to visit the Institutions at Columbus and Cleveland.

Dr. Van Deusen presented a letter from Dr. George Suckley, of the United States Army, and late Surgeon and Naturalist to the N. W. Exploring Expedition, on the subject of insanity and suicide among the Indians of Washington Territory.

Dr. Gray paid a brief but elegant tribute to the memory of the late Dr. T. Romeyn Beck, and introduced a series of resolutions expressive

of the respect of the Association for his high professional character and attainments, and of condolence with the family of the deceased in the loss they had sustained.

In the afternoon the Association visited some of the public benevolent and medical institutions.

Evening Session.—Dr. Choate, from the committee on resolutions, reported the following, which were unanimously adopted and ordered to be printed :

“The Association having received from various individuals and the trustees and authorities of numerous institutions, evidences of kindness, respect and hospitality, therefore,

“*Resolved*, That to our associates, Drs. O. M. Langdon, J. J. Quinn, and Meade, of this city, we are under special obligation for their unwearied attention to our comfort, for ministering so fully to the enjoyment and gratification of the members, and in affording every possible facility for the promotion of the objects of the meeting.

“That, while gratified with the neatness and good order so prevalent under circumstances so unfavorable, in the Lunatic Asylum at Lick Run, the Association cannot refrain the expression of their opinion that the present buildings are entirely unfit for the purposes for which they are now used, and hope that the measures in contemplation for the erection of an appropriate establishment will be pushed forward with energy and activity.

“That the Association express their warm approbation of the beauty and fitness of the location for the new Lunatic Asylum, and hope the County Commissioners will be fully sustained in their efforts to make it a credit to Cincinnati, and fully equal to the requirements of the present advanced views in relation to such institutions.

“That our thanks are due to the County Commissioners for affording us an opportunity to visit the grounds of their contemplated building, and for the generous entertainment provided.

“That to the officers of the House of Refuge we extend our thanks for an opportunity to investigate the internal arrangements and management of their building, and we recognize it as an institution of which Cincinnati may justly feel proud.

“That our warmest thanks are due to Mr. R. Buchanan for his polite attention in affording us an opportunity to examine his beautiful gardens, his extensive vineyards, and his admirable arrangements for the manufacture of wine.

“That our thanks are also due to the Directors of the City Infirmary for an opportunity to visit that institution, to the Trustees of the Spring Grove Cemetery for their invitation to visit their gardens, to Jacob Hoffner, Esq., for the privilege of viewing his beautiful grounds, to the Trustees of the Ohio Medical College for their invitation to visit that institution and the Commercial Hospital, to the Faculty of the Miami Medical College, to Dr. R. D. Mussey

for the privilege allowed of visiting his Pathological Cabinet, to N. Longworth, Esq., for an invitation to visit his establishment for the manufacture of wine, to Prof. Mitchell, for his invitation to visit the Observatory under his charge, to the Managers of the Cincinnati Orphan Asylum, to the Mercantile Library Association for free access to their Library, and to the Chief Engineer of the Fire Department for his polite attention in allowing us an opportunity of witnessing the operation of the steam fire-engine, to the Cincinnati College of Medicine and Surgery for the invitation to visit their Museum, and to the medical profession of this city for a polite invitation to partake of an entertainment on Friday evening, May 23rd.

“That to Messrs. Pratt and Metcalfe, of the Spencer House, we are under many obligations for their unwearied efforts to promote the comfort of the members, individually and collectively, and for their liberality in providing, without charge, such excellent accommodations for the meetings of the Association.

“That we present our thanks to M. E. Curwen, Esq., of this city, for making the most favorable arrangements for the entertainment and accommodation of the Association at the Spencer House, and for various other polite personal attentions during our stay at Cincinnati.”

On motion of Dr. Cheatham, of Tenn., the Association then adjourned, to meet in New York, on the third Tuesday of May, 1857.

S U M M A R Y.

MECHANICAL MEANS FOR PURPOSES OF HEATING AND VENTILATION. BY JOS. GRAHAM, ENGINEER.—The difficulty which has been experienced in heating and ventilating large buildings is being obviated to a great degree by employment of steam for this purpose. The facility with which it may be carried from an isolated building, and the few obstacles experienced in increasing and adapting the radiating surface to any volume of air desired to be warmed, commends it to favor. Acknowledging these obvious advantages, it is believed that experience and observation will serve to point out new excellences, and reduce materially the expense attending its present employment for this purpose.

A warming apparatus should have for its objects the health as well as the comfort of the occupants of the building for which it is intended. To insure as far as possible the former, a supply of pure air, equal at least to the quantity that is constantly vitiated by pulmonary and bodily exhalations, is necessary. The comfort of its inhabitants requires a uniform temperature of 68° to 70° . The amount of pure air inhaled by one person in health, each minute, is 400 cubic inches; or, in other words, about three cubic feet of fresh air are required every minute for healthy respiration. When it is considered that a single case of acute disease will frequently vitiate the atmosphere of an entire ward of a hospital, the total amount of pure air necessary for healthy respiration may be appreciated. “The number of healthy individuals that may be accommodated within a given space, with impunity to themselves from confined air, is no criterion for determining hospital accommodations, where the sick are confined both night and day, and where unwholesome exhalations are continually rising from their bodies and mingling with the atmosphere of their apartments.”

In many buildings erected with a view to supply this amount, it has been deemed necessary to depend only upon the currents of air spontaneously excited by air rarified in chambers placed in the basement story of the building. Without describing the varieties of form and construction of these chambers, with which our readers are entirely familiar, it may be necessary simply to state that they are located in the

basement, containing a sufficient amount of radiating surface to supply a single ward, or range under the entire length of the building. The warming flues are carried from them to the stories above ; and from these the flues for the escape of foul air are carried upward. In certain instances, it has been thought advisable to facilitate the exit of foul air by means of a central shaft within which the air is rarified, and into which the foul air flues from the various rooms have their outlet.

In each case the propelling power is the same, and has for its origin the difference in weight between the rarified heated column of air within, and the corresponding cold column without. This excess of weight of the cold column over the heated column is the propelling force, and has a tendency to descend with the rapidity of a body of equal weight to it.

It becomes, therefore, apparent that the diffusion and constant supply of fresh air, under this system of ventilation, will depend upon the comparative temperature within the house and without ; or, in other words, unless there is considerable disparity between it, the supply of fresh air is much diminished. During the winter season this disparity may be preserved ; during the spring and autumn months it is materially lessened ; in the summer the temperature within and without the building may be nearly equal. At this season it is frequently found to be lower within the house than without. Under these circumstances the phenomenon is reversed. The flues intended for escape of foul air now contain air that is relatively heavier with reference to that without, and consequently descends.

The direction of these currents cannot, therefore, be relied upon. A system of ventilation depending upon a force over which no control can be exercised may not only fail to remove the impure air, but be instrumental in introducing a noxious principle into a building. The emanations from the lungs, and body, of a person in health amount in weight to forty ounces daily, and consequently may be estimated to be 1250 pounds, or over half a ton from 500 persons. This amount of offensive matter cannot at all times be so intermingled with the atmosphere as to be carried away readily. It attaches itself to the walls and furniture, and may be a prolific source of disease or contagion. Under such circumstances the general standard of health, among the older residents of a hospital, is gradually lowered.

In illustration of the evils incident to large hospitals, resulting from their continued use for the treatment of acute disease, and from de-

fective ventilation, Dr. Watson, of the New York Hospital, observes, in his *Discourse on Thermal Ventilation*, that “with the occasional aid of fire in the grates, and of lateral ventilation through the windows, doors, and special openings over the doors, with frequent purification by white-washing and scrubbing, and with strict attention to cleanliness in the furniture of the sick-rooms, as well as in the personal habits of the patients, the new system of warming and airing continued for many years to be satisfactory. But, within the past three or four years, owing partly to the failure of the furnaces,—partly to essential defects in the downward ventilation under any circumstances,—partly to the gradual increase in the number of severe surgical cases,—partly, perhaps mainly, to the greater prevalence of ship-fever, or the European typhus, which, since 1847, has always prevailed in the city, and given rise to a great share of the medical cases here,—and perhaps owing also to other causes, which at present can neither be analyzed nor detected,—it was observed, that the atmosphere of the house had a growing tendency to deterioration, the severer forms of erysipelas became more common here than formerly, the convalescence of patients after surgical operations was neither so rapid nor so certain as might have been expected under the favoring circumstances of pure and genial air, and at length, in 1849, hospital gangrene, one of the most serious pests of the old and crowded infirmaries of Europe, declared itself for the first time among the inmates of this hospital.”

This characteristic history is not peculiarly that of this hospital, but belongs to many of our crowded institutions. In February, 1850, a series of alterations, with a view to improve the ventilation of the main hospital building, were projected at considerable expense, and completed in October of the same year. Under the system of thermal ventilation adopted, it was estimated that during the winter season a current of air was introduced into the building at the rate of fifteen miles per hour, furnishing each patient with forty-eight cubic feet of pure air per minute.

Having fully realized the disadvantages of any system of ventilation under which the direction of the air currents could not, under all circumstances, and at all seasons of the year, be entirely reliable, the Managers of the State Lunatic Asylum at Utica completed a series of changes in one half of their building (the female wing) in 1853. An account of these alterations appeared in the October number of this Journal. They consisted in the erection of chambers in the basement

story, in which were placed coils of steam-pipe, the construction of flues for inlet of air into the wards, temporized by passage over the steam-coils, and flues for exit of foul air.

The capacity of the wing in which these changes had been made being three hundred thousand cubic feet, to move this amount of air, weighing twenty-three thousand pounds, with sufficient rapidity to furnish each occupant a bountiful supply, involved the constant application of a reliable force, by means of a fan, equal to 5384 pounds. The success which has attended the use of so important an element to the health of the institution is fully evinced in the improvement of its vital statistics.

The Superintendent, in the Thirteenth Annual Report of the Asylum, furnished the following table, in which the prevailing diseases in the male (not ventilated) and female (ventilated) wings are contrasted.

MALE DEPARTMENT.	FEMALE DEPARTMENT.
Dysentery 25	Dysentery 16
Erysipelas 12	Erysipelas 1
Acute Articular Rheumatism . 9	Acute Articular Rheumatism . 2
Pneumonia 6	Bronchitis 1
Intermittent Fever 2	
Typhoid Fever 2	

In noticing this, and in explanation, the Report states :

“ In reporting the general health of the house, it is necessary to speak separately of the male and female departments, as they have presented a striking contrast in this respect; the general standard of health of the former being much lower than that of the latter at all seasons, but especially during the winter and spring, attributable, in a great measure, to the difference in the state of the atmosphere in the respective divisions.

“ We have been, the past year, in a very favorable situation to observe the comparative influence of natural and mechanical ventilation upon the comfort and health of our household. As shown in a preceding table, the amount of endemic disease in the female wing has been less than half that in the male, without doubt the result of the large quantity of pure air supplied to the former, and the prevailing uniformity of temperature maintained through the winter. As to the comfort of the two sides of the house, the contrast is too great to admit of comparison.

“ For a time after the introduction of ventilation the fan was kept in motion only eighteen hours of the twenty-four ; but for several months past it has been running night and day, at a rate of speed which, in the summer, afforded 70,000 cubic feet of air per minute, or 280 feet to each occupant ; in fall and spring about 40,000 feet per minute, and through the winter months about 30,000 feet per minute, or 140 feet per minute to each occupant.”

The objections to the general introduction of the fan for purposes of ventilation consist chiefly in the expense attending the original outlay, and the failure to recognize fully its important benefits. These should not, however, have weight in comparison with the great advantages to be derived from it. The current expenses of an institution, by its operation, cannot be materially increased, in consequence of the facility with which the steam may be used for domestic purposes. From the little examination already given this matter we believe that experience will show that economy will be consulted in the introduction into a building of a fan, as an important adjunct of the heating apparatus. The difficulty experienced in effecting the escape of air from the wards of a building, in consequence of prevalence of winds, and also in effecting rapid condensation of steam, are the constant disadvantages of thermal ventilation. No steam warming apparatus succeeds that does not permit its steam to be rapidly condensed. To accomplish this under all circumstances, resort must be had to mechanical means to supply a quantity of air, of temperature low enough, to receive its caloric. The more steam condensed, other things being equal, the less will be required for total consumption.

During the past winter, the north (or male) front wing was heated and ventilated by spontaneous thermal currents, furnishing an opportunity of comparing the economy in heating by aid of the fan, and without it, the space to be warmed and radiating surface being equal. In the month of February a series of daily observations was instituted, upon the temperature within the building, and the average amount of radiating surface in use. These showed that while 1598 superficial feet of radiating surface produced an average temperature of 62° in the north wing, only 1066 superficial feet were necessary to preserve a uniform temperature of 70° in the female wing. Exhibiting a difference of 532 superficial feet in favor of the aid of the fan for heating purposes. Yet it is anticipated no difficulty will be experienced in heating the north wing to the required temperature, when the system of improvements already projected is carried out.

The observations above, we believe, have long commended themselves to the medical direction of many of our public institutions. The extensive alterations already made in many of them, in the attainment of these important ends, is an evidence of their proper appreciation by the boards of management exercising their control. These principles should not alone be applicable to hospitals, but should be applied to the construction of all public buildings where men congregate.

AN ASYLUM FOR RECEPTION OF INEBRIATES.—The forms of disease, the result of intemperate use of stimulants, usually falling to the lot of medical men in insane hospitals to meet with, may be designated to be insanity and maniacal delirium. The victims of the former obviously require the association and the care of insane persons. The latter is more usually the sequence of a debauch. This condition, in such cases, is so intimately associated with a peculiar psychological state as to be very properly recognized as a disease. It is usually preceded by a stage of extreme depression, accompanied by a desire for stimulus to remove it, and an utter loss of self-control; the indulgence to excess ensues, which is followed, lastly, by the form of delirium above, designated, from its manifestations, maniacal, and at which stage relief is sought in an asylum. There is in this form of disease a tendency to periodicity, which is shown in its disposition to return at intervals of longer or shorter duration. We have observed certain instances of it exhibiting such marked constitutional disturbance as to leave no doubt of its paroxysmal nature. This constitutional tendency is inherited, and transmissible, exhibiting in one generation the manifestations of insanity, and in the next the paroxysmal debauch. The convertibility of these diseases demands from an intelligent public a proper appreciation of its nature, for it has been too common to attach to them a great amount of individual responsibility. “An uncontrollable fondness for, and indulgence in, ardent spirits or other stimulants, with the usual results of such a course, are occasionally only symptoms of insanity, coming on in the progress of the case, often in individuals of the most correct habits, who had never before manifested such a propensity, and disappearing as the other symptoms of insanity are removed.” *

During the stage of depression a voluntary seclusion and moral means may avert the threatened attack. Having once, however, passed

* Report, Penn. Hospital for Insane.

a point where self-control is lost, the sufferer becomes an object of direct medical treatment.

Closely connected with this diseased condition, and often the cause of it, is the frequent indulgence in stimulus, which is to be regarded as a vicious habit, for which the victim of it is morally and legally responsible.

The right to seclude forcibly either of these classes must depend upon the amount of irresponsibility their condition and habits induce, as well as upon the abstract right society possesses to guard the general health and morals of its citizens, and under these circumstances it could not be questioned. The impropriety of mingling these classes with the inmates of an asylum for the insane is very generally conceded, and in the following extract from one of Dr. Kirkbride's reports the objections to it are briefly presented.

"The moral effect produced on other patients in the wards by the presence of such individuals is almost always unhappy; they cannot legally be detained but for a short period; they are commonly indignant at the restraints which are necessarily imposed on them, and, when discharged, they return to their homes only to renew the same scenes of debauchery and outrage. Insane patients object most strongly and reasonably to such associates, and with great justice protest against disease being placed on a par with vice, and misfortune with willful debasement; claiming, with truth, that although insanity is a heavy affliction, it brings with it no reproach, and its acts sully no one with dishonor."

As early in this country as 1833, Dr. Samuel B. Woodward, in a series of essays, urged that confirmed intemperance was a disease requiring special care. The importance of such a measure has been repeatedly urged by many medical superintendents of insane asylums in their reports since that period, and we are happy at length to see such a proposition taking a definite form.

A bill was passed at the last session of the New York Legislature, and, we believe, has become a law, incorporating an association, with powers enabling it to accomplish the ends herein proposed. Upon the proposition to erect two state lunatic hospitals, in allusion to the subject we have briefly noticed, Hon. Erastus Brooks remarked in the Senate: "We need just now, also, a Class Lunatic Asylum, for the protection, confinement, and cure of inebriates. More than one-half of all cases of insanity originate in inebriation, and in the United States more persons die under its scourging influences than from the ravages of small

pox, cholera, and yellow fever combined. We trace to this calamity not only some of the worst cases of insanity, but the most painful evidences of idiocy. It not only makes shipwreck of the mind, but darkens the understanding with a veil as impenetrable as the curtains of midnight. It changes hope to despair, health to disease, freedom to slavery, life to death. By it the whole physical system is not only subjected to the most destructive personal influences, but, worse than all, the diseases thereby created in the heart, brain, liver, lungs, stomach, and kidneys become hereditary. Many die of diseases of the liver produced by inebriety. The seeds of death thus sown germinate slowly, but disease is there, and decay certain through an inevitable corruption of the blood. One quarter of the children under ten years of age in the city of New York die of hereditary inebriety, or over four thousand a year from a total of 16,752, taking the average of 1854, and a total of all ages of 28,568. Comparing the deaths from hereditary inebriety in several cities, the following are the results :

In New York	6 to 10	In Lyons	4 to 10
In Paris	4 to 10	In Copenhagen . .	5 to 10
In London	6 to 10	In Geneva	3 to 10

“The disease produces acute insanity, and then expands into the worst forms of chronic insanity, loss of intellect, and an utter darkening of the understanding. The spread of such a disease over the system is a moral leprosy. ‘It rageth like a fire, biteth like a serpent, and stingeth like an adder.’ General cases of insanity increased in the United States, from 1840 to 1850, at the rate of eighty per cent., and on this ratio there will be in 1890 about ELEVEN MILLIONS AND A QUARTER of insane persons in a population of about 244,000,000, or one insane and idiotic person to every twenty-one inhabitants! Climate, malaria (as in the West), and other causes produce the disease, but inebriety is the great Pandora’s box of the affliction, and even hope is not left at the bottom. In countries where there is little intoxication the cases are few; as, for example, in France, cases of chronic insanity are but as one in 1,000, and in Scotland, which is in contrast of this, there is one in 563. In England there is one in 798, and in the United States one in 751. This form of insanity is confined to no one class, nor is it absent from any locality. Mechanics, as a class the most exposed, furnish the largest number of victims, but as between the class of day-laborers and the liberally educated, statistics show one and a half of the latter class

to one of the first. Hereditary cases of inebriety appeal most to our sympathy, as among the children who die in a city like London, one half may be traced to this malady. These cases often become hereditary from generation to generation, until whole families become extinct. The public asylum alone can become the proper home of refuge for those who have become maniacs, or who desire to be put beyond temptation; and my sincere wish is that one of the new lunatic asylums may, in part at least, be devoted to the cure and treatment of this afflicting branch of a most terrible scourge. I desire to see the State stand upon the highest moral and social ground in applying a corrective for such enormous evils, and that without regard to the causes which produce them."

OVERWORKING THE BRAIN.—The great increase of mental diseases among our merchants and professional men, during the few past years, calls for serious consideration. In one of the lunatic asylums of the city in which the writer dwells there are now several gentlemen, all of whom were one year ago in full health and active business, and in each of these cases mental aberration is traceable directly to overworking the brain. They are men of wealth and social eminence, and, until their sad affliction, were distinguished for usefulness in the church and the community. But to these we must add, perhaps, thousands of cases in which premature old age, or permanent ill-health, and mental imbecility have arisen from similar causes. Paralysis, apoplexy, softening of the brain, and spinal affections, with kindred diseases, are striking down our scholars, jurists, physicians, professors, and clergymen with fearful frequency. In our great cities business is pushed to the highest point of human endurance. The weight of public duties, and the extraordinary calls upon our clergy, would be enough to crush a race of giants. And upon this latter class the burden is the heavier, because they live in almost constant violation of that law of nature and of God which requires a stated weekly rest. *The ministry can scarcely be said to keep a sabbath.* For to them the regular Sabbath is the most busy and trying day in the week, and they are rarely known to make the Monday a day of rest, as they should. The testimony of physicians in England and this country upon this point has been frequently quoted, both by way of warning and advice. But is not something more needed to arouse public attention to the subject? If some of our medical philanthropists would give it special attention, collate facts, and exhibit the

wasting and fatal physical and mental tendencies of this system of over-work which is consuming the best energies of our national mind, it would be a public boon. Nor do we know on what theme a prize essay might be more profitably proposed than this. We have merely touched upon the surface of the topic, with the hope of calling attention to its sorrowful importance, and shall be most happy if those who are competent to the task will take it up, and prosecute it in the columns of this paper.—*Christ. Intelligencer*.

INSANITY IN INDIA.—Of insane persons the cures to the admitted in Bengal are 52-60; while in eleven different asylums in Great Britain which have been selected from a recent report for comparison, there were only 37-04, one of the explanations of this circumstance appears to rest in the fact that a very considerable proportion of those admitted as insane to the jail hospitals, and probably also to the asylums, are wretches crazed by the excessive use of narcotics, especially of gungah, and then excited to temporary madness by the brutal and violent practices of those about them, with a view to expel the demon with which it is believed they have become possessed. The reporters find that in nearly one-half of the cases insanity is attributed to gungah smoking. The natives are very seldom sent in the acute stage of insanity to asylums; the manifestations of the disease are not usually so violent in natives as in Europeans, and the former are more tractable as patients than the latter.—*Report on the Lunatic Asylums in the Bengal Presidency*.

APPOINTMENTS, RESIGNATIONS, &c.—At a meeting of the Board of Managers of the Western Pennsylvania Hospital, held on Saturday, April 19th, Dr. J. A. Reed was elected Physician to the Insane Department of that institution.

In the Lunatic Asylums of Ohio, there has been an entire change of medical officers. Dr. R. C. Hopkins, formerly Asst. Physician in the Asylum at Columbus, has been appointed to succeed Dr. Firestone in the Superintendency of the Northern Ohio Lunatic Asylum at Newburgh. In the Central Ohio Lunatic Asylum at Columbus Dr. R. Hills succeeds Dr. Eels; in the Southern Ohio Lunatic Asylum Dr. J. J. McIlhenny has been appointed in the place of Dr. Clements; and Dr. O. M. Langdon succeeds Dr. Quinn in the charge of the Hamilton County Lunatic Asylum at Cincinnati.

BOOKS. & c., RECEIVED.

☞ Since our last issue the following Books and Journals have been received in exchange or otherwise :

FOREIGN EXCHANGES.

Annales Médico-Psychologiques. Par MM. Les Docteurs Baillarger, Cerise, et Moreau. Paris. April, 1856.

Bulletin de L'Académie Impériale de Médecine. Paris. Tome XXI, Nos. 9, 10, 11, 12, 13, 14, 15.

Gazette Médicale de Paris. Paris. Tome XI, 1856. Nos. 6 and 22, inclusive.

Journal de Médecine et de Chirurgie. Paris. Feb. March, April. 1856.

Revue de Thérapeutique Médico-Chirurgicale. Paris, 1856. Nos. 5, 6, 7, 8, 10, 11. No. 9 not received.

The Asylum Journal. Published by authority of the Association of Medical Officers of Asylums and Hospitals for the Insane. Edited by John Charles Bucknill, M. D. London. Quarterly. April, 1856.

British and Foreign Medico-Chirurgical Review. Republished by S. S. & W. Wood, New York. Quarterly. April, 1856.

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ON THE LEGAL RIGHTS AND RESPONSIBILITIES OF
THE DEAF AND DUMB.* BY HARVEY P. PEET, LL. D.,
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DUMB.

THE questions involved in this subject are obviously of no small importance, and it is remarkable that they have hitherto received so little consideration from our profession, in America at least, and that so little pertinent to the inquiry before us can be found in English and American jurisprudence. Our statute-books, except in provisions for their education, are silent respecting the deaf and dumb ; and cases bearing on the questions under consideration are rare in our law-books. In the French, and perhaps in the German works on the deaf and dumb, and on medical jurisprudence, the subject before us is more fully and satisfactorily discussed and illustrated than it is in our own language. Some foreign codes, also, like the Roman code of Justinian, embrace

* After this paper was written the manuscript was put into the hands of the Hon. Charles P. Daly, Judge of the Court of Common Pleas, in the City of New York, for his revision ; and I take great pleasure in acknowledging my indebtedness to him for the references to the Oriental Code, and English and American Common-Law Cases herein cited, and for the quotations from Bracton and Fleta.

In making this acknowledgment of the obligations under which I rest to Judge Daly, I cannot refrain from expressing my high respect for his eminent character as a scholar and jurist.—H. P. P.

positive enactments respecting the deaf and dumb. Though what was law in Rome, or is law in France and Germany, is not law in the United States, still, as in the absence of positive enactments, we have to be guided by the general principles of justice and jurisprudence, it will be instructive and useful, as well as interesting, to know what views of the several questions before us, or involved in our subject, have been, after careful research and mature deliberation, solemnly put forth in other countries, or in other ages of the world. The value of such light as may be shed on our subject from the labors of foreign jurists will be the greater, that in the few English and American cases we have there seems to be little uniformity of principle. Of statute law relating to the legal rights and liabilities of the deaf and dumb, we have found nothing,* and the common law remains to be settled. Let us hope that it will prove fortunate that its settlement has been reserved for an age of greater light and liberality of sentiment, and of juster views of the peculiar condition of this exceptional class of persons.

We find but very little respecting the deaf and dumb in any code of laws before the celebrated code of Justinian, promulgated in the sixth century of our era, which, in later ages, became the foundation of most of our modern European jurisprudence. The law of Moses (the most ancient code extant) imposes no disqualifications on the deaf, and mentions them only to forbid, in the name of Jehovah, those impositions on the unfortunate to which their infirmities might incite the vicious or the unthinking : “Thou shalt not curse the deaf, nor put a stumbling-block before the blind, but shalt fear thy God : I am the Lord.†

After a diligent search through the Oriental codes, the earliest monuments of jurisprudence we have, very little is found relating to this class of persons, except among the laws of the Hindoos. In the Ordination of the Pundits, or code of Gentoo laws, whoever was “deaf from his mother’s womb,” or whoever was dumb, was classed

* Since writing the foregoing, our attention has been called to the law of Georgia, which will be hereafter cited.

† Leviticus, xix, 14. It is somewhat remarkable that the law of Moses does not specify deafness or dumbness among the blemishes which disqualified the sons of Aaron from serving in the priest’s office. (See Leviticus, xxi, 17-21.) Blindness, lameness, personal deformity, and some other defects were specified ; but if the deaf, or even the idiotic and insane, were excluded, it was by implication, not by direct precept. Was this omission because these infirmities were less common in those days than they have become in later times ;—or because the mere want of intelligence would sufficiently prevent the deaf-mute or idiot from claiming the priest’s office ?

among the persons incapable of inheritance. (Halked's translation of the Gentoo laws from the Persian and Sanscrit. London, 1776.) Though excluded from inheriting, they were not, however, left unprovided for; but the person who superseded them in the inheritance was bound to support them—in the language of the ordinance, to allow them clothes and victuals. Whether or not they were allowed to marry, does not appear, but as the code provided that the sons of all those who are excluded from the inheritance may, if free from all objection, inherit the share to which their parent would be entitled, it is possible that the dumb, or those “deaf from their mother's womb,” were not interdicted from marrying.

It is usually taken for granted that, under the laws of Lycurgus, deaf-mute children shared the fate of the sickly and deformed; but this may be doubted. The institutions of Lycurgus were designed to form a nation of soldiers, and all children who were judged incapable of becoming soldiers, or mothers of soldiers, were ruthlessly exposed to death; but it does not follow that deaf-mutes, merely as such, fell under this inhuman doom. Seldom deficient in animal courage, and often excelling in that quickness of eye and hand so valuable in a hand-to-hand struggle, deaf-mutes, though not adapted for scouts or sentinels, still might have stood in the foremost ranks of the phalanx, undistinguishable in battle from the best soldiers who possessed hearing and speech.

We can, in the absence of any further positive information as to the laws of the ancients, easily divine what the general practice must have been, by considering what is, at this day, the social condition of most uneducated, and of many partially educated deaf-mutes. Unable to communicate with any but their immediate relatives and more intimate acquaintances,—knowing but little of what is going on in the community,—and ignorant of statute laws, and of legal forms and proceedings,—their degree of intelligence very seldom correctly appreciated, or their rights understood,—they remain for life practically in the condition of children or minors. If affectionate and docile, they remain in the family, mere drudges—treated, we are happy to believe, in most cases humanely and affectionately, but seldom receiving that equitable reward for their labor, or equitable division of inherited property, which could not be withheld from one knowing, and able to claim publicly his rights. If, on the contrary, they grow up to be perverse, suspicious, and of unsteady habits, the natural results of injudicious indulgence, they often

become vagrants, depending for support on the compassion of their acquaintances, or an occasional day's work, eked out by beggary and theft. In the former condition, undoubtedly the happiest, the law never has occasion to notice a deaf-mute, except in rare cases, when he may be the legal inheritor of property so considerable that his self-elected guardians may attempt to secure it by means which other relatives may think it a promising speculation to call in question. In the latter case, his transgressions, though we shall hereafter cite some terrible exceptions, are seldom greater than those of idle boys, and are, for the most part, overlooked through compassion for his infirmities. Cases sometimes occur in which uneducated deaf-mutes evince an ability to manage their own affairs, and even acquire property by their own industry; but this is rare: the greater number remain, by general consent, as is the case with idiots, in a state of perpetual tutelage. Hence we may suppose that, in those times when a system of laws and jurisprudence is slowly forming, while as yet each little community in the state deals with rare or novel cases according to the instincts of the national common sense, deaf-mutes would be practically treated, not according to any arbitrary rule, made or intended to be made for the greater number of cases,—and, of course, unjust to the exceptional cases,—but according to the degree of intelligence actually manifested in each individual case.

Though the principle just stated is evidently in accordance with reason and justice, still, in its practical application, there is great room for error. The magistrate before whom such cases might be brought is seldom well qualified to judge of the actual degree of intelligence of the deaf-mute, and is usually unable to interrogate him even as to his actual wishes. It was probably the occurrence of cases in which, by taking the representations of interested parties as to the degree of intelligence, or even the actual purpose of the deaf-mute, injustice had been done, that prompted the provisions of the code of Justinian. In this celebrated code, the deaf and dumb from birth are, without exception, and without regard to the degree of their intelligence, condemned to a perpetual legal infancy. The code assumes throughout that deaf-mutes from birth are incapable of managing their own affairs; in this respect being considered as on a footing with the insane, and those who were incapable of managing their own affairs through the affliction of permanent disease, and hence, like them, were to be placed under guardianship. *Mente captis, et surdis, et mutis, et qui perpetuo morbo la-*

borant, quia rebus suis superesse non possunt, curatores dandi sunt.—Digest, lib. i, tit. xxii, De Curatoribus. §4.

Degerando* observes that the Roman laws before the time of Justinian, while they preserve an absolute silence with regard to the deaf and dumb, speak often of those who are deaf without being dumb, or dumb without being deaf; because, no doubt, persons thus afflicted being able to manifest, either by speech or by writing, their intelligence or their wishes, still are unable to comply with the legal forms prescribed for those who both hear and speak, and therefore stand in need of exceptional provisions on the part of the lawgiver. Those who were both deaf and dumb were left, as we have already remarked, to be treated according to the discretion of the magistrate, in view of the intelligence they might manifest. The probability is that the code of Justinian did but reduce to express enactment, and to the form of a general rule, what had previously been the usual practice.

The celebrated code in question furnishes, in its classification of the deaf and the dumb, a striking proof of the imperfect and erroneous notions then prevalent respecting deaf-mutes. The legislator establishes five classes: 1, the deaf and dumb with whom this double infirmity is from birth; 2, the deaf and dumb with whom this double infirmity is not from birth, but the effect of an accident supervened in the course of life; 3, *the deaf person who is not dumb, but whose deafness is from birth*; 4, the individual who is simply deaf, and that from accident; 5, finally, he who is simply dumb, whether this infirmity be in him congenital or the effect of an accident. It is hardly necessary, in this age, to observe that the third class existed only in the imagination of the legislator. To this point we shall again recur. Different provisions were made to suit the cases of each of these five classes. We cite the original on the first class:

“Discretis surdo et muto, quia non semper hujusmodi vitia sibi concurrent, sancimus, si quis utroque morbo simul laboret, id est, neque audire, neque loqui possit, et hoc ex ipsa natura habeat, neque testamentum facere, neque codicillos, neque fidei commissum relinquere, neque mortis causa donationem celebrare concedatur, nec libertatem, sive vindicta, sive alio modo imponere; eidem legetam masculos quam feminas obedire imperantes.”—*Code, lib. vi, tit. xxii, § 10.*

Thus we see that while the faculty of acquiring property, whether by inheritance or otherwise, was not denied to the deaf and dumb,

* De l'Education des Sourds-Muets de Naissance, i, 24.

they were debarred from that full control of their property conceded to other men. It appears from the provision before cited that they could only buy and sell by the aid of a *curator*, or guardian; and the law just cited denies to them the power of altering the descent of property, or of making a gift, even with the assistance of a *curator*, in any of the modes recognized by the Roman law. They could not make a will or a codicil, nor create a trust-estate, nor make a donation contingent on the death of the donor, nor emancipate a slave. But to the second class—those, to wit, who were deaf and dumb by accident—all the rights were restored that were denied to the first class, provided they were able to manifest their wishes by writing.

“Ubi autem et hujusmodi vitii non naturalis, sive masculo, sive feminæ accidit calamitas, sed morbus postea superveniens et vocem abstulit et aures conclusit: si ponamus hujusmodi personem litteras scientem; omnia quæ priori interdiximus, hæc ei sua manu scribenti permittimus.”

It is worthy of remark that only deaf-mutes of this second class are supposed capable of receiving instruction. Cases, we cannot doubt, occurred in the Roman times, as well as in our own, in which persons who had learned to read and write in childhood, subsequently became deaf, and in consequence dumb. It was, doubtless, to meet such cases that the law before us was framed. But as in those times no cases were known of persons deaf and dumb from birth becoming able to read and write (*litteras scientem*), the legislator does not even provide for the possibility of one of this class receiving instruction in letters. It was then held, even by the wise and learned, that deaf-mutes from birth were wholly incapable of instruction,—indeed, the futility of attempting to instruct them seems to have become proverbial,—and it may possibly have been considered by the authors of the Roman code, that an exception of this kind in favor of this class of persons might lead to attempts to pass off this mere mechanical writing from a copy before them, the purport of which they knew not, for a valid expression of their own intelligent wishes.

It seems to us strange that the authors of this code should suppose the dumbness of deaf-mutes to be a direct consequence of disease, and not, as we now know it to be, a mere consequence of deafness: “*sed morbus et vocem abstulit et aures conclusit.*” This supposition appears more prominently in the section of the law relative to the third class—those to wit, who were supposed deaf from birth, yet able to speak.

“Sin autem infortunium discretum est quod ita raro contingit; et surdis, licet naturaliter hujusmodi sensus variatus est, tamen omnia facere et in testamentis, et in codicillis, et in mortis causa donationibus, et in libertatibus, et in omnibus aliis permittimus. Si enim vox articulata ei a natura concessa est, nihil prohibet eum omnia quæ voluerit facere.”

Here the legislator supposes a class of persons who are deaf from birth, but who, notwithstanding, have received from nature the gift of speech! He indeed adds that this rarely happens (*quod ita raro contingit*); but this mere legislating for a case which we now know cannot possibly occur, strikingly shows how wide of the truth then were the notions of even the learned and profound concerning the deaf and dumb. In vain had Pliny (as the prince of Greek philosophers had done before him), in a work of high reputation, distinctly stated, that “The man to whom the sense of hearing is denied is deprived by that defect itself of the usage of speech: there is no person deaf from birth who is not also dumb.”* The popular opinion that deafness and dumbness were distinct defects—usually, indeed, found united, but sometimes the one, even if from birth, existing without the other—is here found to influence the legislation of an empire embracing nearly all the then civilized world.

We cannot suppose the counselors of Justinian to have been ignorant of the fact, shown by constant experience, that children learn language from their elders through the ear; but there seems to have been a prevalent idea that not merely the faculty of learning to speak, but speech itself, was a gift of nature, inherent in man as a reasonable being; and that, as the first men possessed language without having learned it from elders, as they had no elders, so children, whose organs of speech were not defective, might naturally possess speech, though they had never heard the speech of others. It is, however, remarkable that the Roman lawgiver should suppose that this natural gift of speech would be the very speech of his own countrymen; else, supposing a deaf child to speak, how should it be understood? If it be supposed that children may speak without having heard the speech of others, it is obviously more natural to suppose, with the old Egyptian King Psammetichus, that they would speak the language of some primitive race of men, than that they would speak a language intelligible to those around them.

This third regulation is terminated by an explication which is itself

* Pliny, Hist. Nat., x, 69.

very curious. The lawgiver says: "*Quis scimus quosdam jurisperitos, et hoc subtilius cogitasse, et nullum esse exposuisse, qui penitus non exaudiat, si quis supra cerebrum ejus loquatur, secundum quod Juben- tio CELSO placuit.*" From this we learn that it was in those days held by some that all deaf-mutes might be made to hear (and it seems to have been assumed that to hear must be to understand) by speaking to them in a certain manner over the top of the head. It is probable that, in many cases of partial deafness, this opinion was confirmed by experiment; but we may safely assert that, though persons who had become too deaf to distinguish words at the ordinary distance of conversation, might recognize them when thus spoken, deaf-mutes from birth, if they heard the words at all, would be sensible only of a confused noise. A contrivance that might enable a deaf-mute, whose deafness was not total, to hear words, would no more enable him to understand them than a pair of spectacles or the couching of a cataract would enable one to read who had not previously learned to read. In some few cases of partial deafness, speech might, with pains and labor, be taught by often speaking to the deaf-mute in the mode under consideration; and in a greater number of cases it might enable the patient to guess tolerably well at words already known; but in far the greater number of cases the degree of hearing thus procured, if any, would be much too feeble and indistinct to be of use for instruction or conversation by vocal speech.

We are not to suppose, however, that the annexing this observation to the law before us proceeded from an idea that some deaf-mutes from birth could be taught to speak by speaking to them over the top of the head. Nothing of the kind, so far as we know, was ever accomplished, or even attempted in Roman times. It is to be regarded as only the manifestation of another phase of the popular notions respecting speech. It is as natural to believe that the furniture of the minds of our neighbors and the texture of their thoughts are like those of which we are ourselves conscious, as natural, and as erroneous, as to believe that the earth is at rest, while the heavenly bodies perform daily revolutions round it. Hence, as we are not conscious of reflecting and willing otherwise than by the aid of words—of an internal speech—we conclude that all rational beings must possess a like internal speech. And our Roman lawgiver, who so obviously makes the possession of verbal language a test of intelligence, supposed that this faculty of internal speech might, in cases where the ears are closed, be reached through the top of the head.

The general principle that runs through the provisions and mistakes of Justinian's code evidently is, that there can be no valid contract made, or assent given, except by means of words, spoken or written. The deaf-mute who could only make his will known by gestures was treated like a child, who might, indeed, buy and sell in the markets, but was interdicted from such grave acts as changing the descent of lands or emancipating a slave. This *interdiction* is repeated later in the Institutes :

“Item surdus et mutus non semper testamentum facere possunt: utique autem de eo surdo loquimur, qui omnino non exaudit, non qui tarde exaudit; nam et mutus is intelligitur, qui eloqui nihil potest, non qui tarde loquitur. Sæpe enim literati et eruditi homines variis casibus et audiendi et loquendi facultatem amittunt. Unde nostra constitutio etiam his subvenit, ut certis casibus et modis secundum normam ejus possint testari aliaque facere, quæ eis permissa sunt.*

We take these extracts from the Roman code at second hand, from Degerando, not having had an opportunity of consulting the code itself; and hence we have not ascertained, though we engaged the assistance of an eminent jurist in examining the code, what were the formalities prescribed by the Roman law in the case of those who were deaf by accident, but still able to speak. In the case of those who were both deaf and dumb by accident, yet able to write, as we have seen, all instruments of writing executed by them, to be valid, must be written by the testator's or grantor's own hand. Under the reign of a code of laws so precise and formal, some provision would have been necessary to give legal effect to the wishes of those who, though profoundly deaf, were still able to speak intelligibly, but not to write.

Disqualifications similar to those of the code of Justinian were established by the laws of the feudal monarchies of Europe. And in some cases they even went beyond the Romans, by declaring a deaf and dumb person incapable of succeeding to a fief, or other inheritance. The code of Justinian did not debar a deaf-mute from the succession, nominally at least, to an inheritance, but only incapacitated him from changing the descent, so that it passed to the next legal heir at his death; but the codes or customs of some medieval realms of Europe, like the Hindoo code, set aside the deaf-mute altogether, and vested the inheritance in the next heir at once. Yet we remark, with some surprise, that Carpzovius, in his *Definitiones Forensas ad Constitutiones*

* Instit., lib. ii, tit. xii, *quibus non est perm. fac. test.*

Electores Saxonias, etc. (1663), after laying down the definition, "*Mutus et surdus vel aliter imperfectus in feudo non succedit*," adds, "*De feudo tamen novo mutum et surdum vel aliter imperfectum Dominus bene investire potest.*" It is easy to see why a deaf-mute should be judged incapable of succeeding to a fief, the holder of which was not only bound to military service as a leader of troops, but was usually, in his own territories, a civil and criminal judge ; but we should suppose the same reasons would oppose the conferring a new fief on a person in that condition. The contradiction may, perhaps, be reconciled by supposing that the former was the general rule, and the latter designed to operate as a rare exception in favor of deaf-mutes of noble race who may have displayed an intelligence greater than is usual in persons so afflicted ; but this exclusion of deaf-mutes from certain rights of inheritance does not appear to have been general, else the provisions to prevent this class of persons from alienating property would have been nearly, if not quite, supererogatory.

Having thus passed in review all that we have found in ancient jurisprudence respecting the deaf and dumb, we will now turn our attention to the light in which they have been viewed under the common law of England. The Roman civil law is still of great authority in Continental Europe, and the foundation of most of their present codes ; but the common law of England is a distinct and different system, lying at or constituting the foundation of the jurisprudence of England and of the United States.

In the treatise of Glanville, supposed to be the first elementary work on the common law, written in the reign of Henry II, towards the close of the twelfth century, nothing is said respecting the legal rights, disqualifications, or responsibilities of the deaf and dumb. Though this work is but a very loose and general summary of the law of England, as it then existed, it is presumed that the law made no provisions respecting this class of persons ; for in the Norman code, which, after the Conquest, made part and parcel of the law of England, but four impediments to the succession of heirs are recognized—bastardy, profession of religion, forfeiture, and incurable leprosy. (*Le Grand Custum de Norm.*, 27.) Nearly a century after Glanville, in the reign of Henry III, appeared the more elaborate and learned work of Bracton on the Laws and Customs of England ; and in this treatise the deaf and dumb are referred to as a class of persons who are not entitled to the same rights and privileges as other subjects. It would appear

from Bracton, that they could not inherit as heirs, or participate in the inheritance. (*Bracton*, lib. v, *De Exceptionibus*, cap. 26, § 3, fol. 430 ; cap. 20, § 2, fol. 421.) He draws a distinction, however, between those who are deaf and dumb from birth, and those who have become so through accident or other cause, after having had the use of their natural faculties ; and he says that those who can hear, though with difficulty, and those who have merely some impediment of speech, are not to be considered as under the legal disabilities existing in the case of the deaf and dumb from birth. Those, he says, who are naturally deaf and dumb, cannot acquire anything, or enter into any obligation or contract ; for, as they cannot hear what is said to them, or express their will, they cannot give their consent to anything. Those, however, who have been able to hear or speak, but have lost the power by accident, sickness, or other cause, he places in a very different position. In their case, he says, it is to be ascertained who or what they were before the misfortune came upon them ; because, if they could speak and hear, and give consent at the beginning, they retain all the acquisitions (property) they may have acquired, and may continue to acquire, through their guardians to be appointed ; but should not be allowed, without great care and caution, to grant or transfer to another what they possess. And he then declares that an inquiry must be instituted by the court for the purpose of ascertaining and determining what shall be necessary for maintaining such persons according to their quality and the quantity of their estate. We will give the principal passage upon the subject from Bracton, in his own words, which will be the more interesting, as it shows that the law did not, at that time, admit, or, rather, it denied the possibility of the deaf and dumb expressing their will or consent, even by signs—a state of things not remarkable when it is remembered that the learned Spaniard, Vives, nearly two centuries later, questioned, merely from the inherent incredibility of the thing in his view, the statement of the Heidelberg professor, Agricola, that he had seen a young man born deaf and dumb, who had learned to understand writing, and to note down his whole thoughts. (*De Anima*, of Vives, lib. ii, cap. *de Discendi Ratione*, and see *De Inventione Dialecticæ* of Agricola, lib. iii.) The passage from Bracton is as follows :

“ Competet autem tenenti exceptio peremptoria ex persona petentis, propter defectum naturæ ; ut si quis fuerit surdus et mutus naturaliter, si quis omnino loqui non possit nec audire, non tamen si tarde audiat, vel loqui fuerit ali-

quantulum impeditus. Et talis cum naturaliter surdus fuerit et mutus, acquirere non potest omnino, et cum omnino audire non possit nec omnino loqui, voluntate et consensum exprimere non potest, nec verbis, *nec signis*. Naturaliter dico, hoc est a nativitate, sicut dicitur de cæco, qui cæcus fuit a nativitate, quia si hoc aliter alicui evenerit a casu, inquirendum erit qualis fuerit ante hujusmodi infortunium, quia si loqui potuit ab initio, et audire et consentire, per se et per procuratorem acquireret, et acquisita retinet, sed tamen de facili non transfert ad alium acquisita, sed cum surdus et mutus naturaliter acquirere non possit, per officium judicis inveniendæ sunt ei necessaria quoad vixerit, pro qualitate personæ, et hæreditatis quantitate, si hæres esse debuit, et si semel auctoritate curatoris adquisierit, si fuerit inde ejectus recuperabit per assisam, sicut minor.”

Bracton had carefully studied the code of Justinian, and it is a striking proof of his intelligence and observation, in that early age, that he adopts but two of the classifications of the Roman lawyers, viz., those with whom this double infirmity is from birth, and those with whom it is not from birth, but the effect of an accident supervened in the course of life. He does not repeat the absurdity of the Roman code, of the possibility of the faculty of speech in those who continue deaf from birth; nor class as disqualified persons those who are merely deaf, or those who are only dumb—an omission not accidental, for a great part of Bracton’s work is a mere transcript of Justinian, word for word. His rejection, therefore, of the last three classifications of the Roman lawgiver was evidently deliberate and designed. He speaks invariably of those who are both deaf and dumb, and is careful to point out that a person is not to be included in that class because he has a difficulty in hearing, or an impediment in his speech.

In the next reign, that of Edward I, appeared the work denominated “Fleta,” which was a mere appendage to Bracton. The writer of this treatise, who is unknown—for it takes its name from a fact stated in the preface, that it was composed in the Fleet Prison—puts the deaf and dumb from birth in one general classification with natural fools, the mad, and those who are afflicted with general leprosy; and refers to them as an entire or whole class who, from their natural defect, cannot acquire nor alienate, because they cannot give a legal consent; but who, from their inability to manage their own affairs, may have guardians appointed over them, and may acquire property by their guardian; but the guardian, it seems, had no power to alienate the estate or property of such wards.

“Competet etiam exceptio tenenti propter defectum naturæ petentis, vel si naturaliter a nativitate surdus fuerit, aut mutus, tales enim acquirere non

poterunt nec alienare, quia non consentire ; quod non est de tarde mutis vel surdis, quibus dandi sunt curatores et tutores cum ex casu talis ægritudinis de rebus propriis disponere nesciverunt, et tales procuratores adquirere poterunt, sed non legitime alienare.”—*Fleta*, lib. vi, cap. 40, § 2.

As the feudal law stood in the time of Bracton and *Fleta*, the custody of idiots—under which were included the deaf and dumb from birth, or those who became deaf and dumb in the course of life—was given to their feudal lords ; that is, where they had landed property, the guardianship of their person and the possession of the estate were vested in their lord ; the title or fee remained in them until their death, and passed at their death to the next heir in the order of succession ; but during their lifetime the possession of their estate, as well as of all lands or hereditaments which might come to them during their lives by purchase or descent, was vested in the lord of the fee as their legal guardian. In consideration of the enjoyment of their estate, he was obliged to support them according to their quality and the quantity of their property ; but beyond what was necessary to maintain them, which was ascertained by a judicial inquisition, the rents and profits of their estate during their lifetime went to and were enjoyed by him as his exclusive perquisite or right.—*Fleta*, lib. i, c. 11, § 10 ; *Dyer*, 302 ; *Huit*, 17 ; *Noy*, 27.

Apart from the injustice of giving to the feudal proprietor, or lord paramount, all the benefits and profits of the estates of those who were disabled from taking charge of them, except what was necessary for the support of his ward, this regulation led to a serious train of abuses. It held out to those grasping and unscrupulous proprietors the temptation to possess themselves of estates upon the presumed want of capacity in the natural heirs ; and though the law required that the want of natural capacity should be determined by a judicial investigation, this precautionary measure proved inadequate to restrain the powerful barons from obtaining the control of estates upon slight and insufficient grounds. Not only was this the case, but the estates were shamefully mismanaged, injured in value, or prodigally wasted ; it being an object with these temporary possessors to get out of the estate as much as they could while they had the control. These abuses went on uncorrected, until a monarch came upon the throne who had both the will and the capacity to cope with these feudal tyrants, and restrain them in their course of oppression and injustice. Among the many reforms which distinguished the important reign of Edward I was the passage

of a law abolishing this feudal privilege, and making it a part of the king's prerogative to have the custody of the estates of those who, from want of natural capacity, were incapable of managing them. From a passage in *Britton*, cap. 16, *Beverly's case*, 4 *Coke*, 125, this may have been originally the common law ; and the right of possessing themselves of such estates may have been an assumption and encroachment on the part of the barons, like many of the feudal privileges which they claimed, and had the power to enforce, in that age of baronial supremacy. But the remarks about it in *Fleta* (lib. vi, § 10) indicate that this statute was an organic change in the law, and not merely declaratory of it. That it was administered with uprightness and vigor, is to be assumed from the manner in which the laws were maintained and enforced during the reign of this powerful, vigilant, and energetic monarch. Whether it had fallen into disuse during the turbulent reign of his feeble successor, or whether its provisions were not regarded as sufficiently explicit, we are unable to say, as the statute is now lost ; but in the reign of Edward III a new law was passed, declaring that the king should have the custody of the lands of natural fools, taking the profit of them without waste or destruction, and should find them in necessaries ; and that after the death of such idiot he should render the lands to the right heirs, and that they should not aliene their lands, nor should their heirs be disinherited (17 *Edw. III*, Stat. I, c. 8). Lord Coke, in interpreting this statute, declared that it applied only in the case of idiots *a nativitate* (*Beverly's case*, 1 *Coke*, 127). It has been shown by the quotation from *Fleta*, that the deaf and dumb from birth were regarded by the law as idiots ; and had the law continued so to regard them, without qualification or exception, it would have been productive of endless absurdities, and led, in many instances, to the grossest injustice. But it is one of the chief excellences of the common law, that, unlike the Roman civil law, it is not a positive code of definitions, but adapts itself to the progress of knowledge, rejecting any absurdity that has grown out of the ignorance of the past, and recognizing as its principle and practice whatever becomes apparent in a more enlightened condition of society. How loosely the common law, or the expounders of it, define, even two centuries later, what was understood in law as an *idiot*, will appear from Fitzherbert's *Natura Brevium*, written in the reign of Henry VIII. "An idiot," says this writer, "is one that cannot number twenty pence, or tell who was his father or mother, or how old he is, &c., so that it may appear that

he hath no understanding or reason what shall be for his profit or his loss. But if he have such understanding that he knows and understands his letters, and can read by teaching or information of another man, then it seemeth he is not a sot nor a natural idiot" (F.—N. B. 233, B)—a definition which Lord Tenterden characterized as absurd, or repugnant to common sense; "for," said that eminent judge, "as to repeating the letters of the alphabet, or reading what is set before him, a child of three years may do that." (1 *Dow, P. C. New Series*, 392. *S. C. 3. Bligh, New Series*). Even under Fitzherbert's definition, an educated mute, in that age, would not have been an idiot. But such definitions, our legal adviser, Judge Daly, assures us, were of no practical consequence, for it was wisely ordained by the common law that the question whether or not a man was to be adjudged an idiot, was a question of fact, to be determined by a jury, not according to legal definitions, but as they found the fact to be upon the testimony laid before them; and no man could be deprived of his property, or of the common rights and privileges of a subject upon that ground, unless upon *offices found*, as the old legal phrase is.—*Dyer*, 25; *Moor*, 4, pl. 11; *Bacon's Abs.* 5; *Idiot, B. Skin.* 5. 178.

That the deaf and dumb from birth were deemed incapable of giving their consent to any act, and that acts done by them while under this infirmity, such as granting or conveying any interest in their real estate, were void, was up to this period the recognized rule of law, has been shown by the writers referred to. But in the very reign in which Fitzherbert wrote, the law upon this point seems to have been questioned. In the thirty-sixth year of Henry VIII a case occurred in which a son sought to avoid a conveyance of land made by his father, upon the ground that his father, in the language of the report (*Young v. Sant, Dyer*, 56, *a*), was, from the time of his birth until the day of his death deaf and dumb, and being so deaf and dumb, made a charter of feoffment of the land, which charter he sealed and delivered upon the land to the defendant. The son accordingly brought an action of trespass against the defendant for entering upon the land, and the defendant *demurred*,—that is, denied that the son had any ground of action against him, or had any right to the property." What decision was come to by the court upon the interposition of this demurrer—whether they held that the defendant had acquired a lawful right to the land under the instrument which the deaf and dumb owner of it had sealed and delivered to the defendant, or whether the son was entitled to

the property by reason of his father's incapacity to make such a deed of conveyance—does not appear from the report; but the case is referred to, to show that the law was not at that time taken for granted, but was at least doubtful or unsettled. This state of uncertainty seems to have existed during the reigns of Elizabeth and James I; for Lord Coke admits that it was the opinion of some that this class of persons might express their *consent by signs*. “One,” he says, “that is deaf and wholly deprived of his hearing cannot give, and so one that is dumb and cannot speak. Yet (according to the opinion of some) they may consent by signs; but it is generally held that he that is dumb cannot make a gift, because he cannot consent to it.—1. *Inst.* 107.

In the reign of Charles II, however, a case arose in which the question came directly before the court for decision—whether a person born dumb and deaf could transfer an interest in lands, and give a valid consent to the transfer by signs. We will give the case as it appears in Carter's Reports. (*Martha Elyot's Case*, 53.) Chief-Justice Bridgman, reported that a woman came before him to levy a fine (one of the modes of transferring estates of freehold by the common law), and he gave to the court the following statement: She and her three sisters have a house and land. An uncle hath maintained and taken great care of her, and he is to buy the house and land of them, and he agrees to maintain her, if she will pass her lands for security. As to her intelligence, the sisters say she knows and understands the meaning of all this. I demanded what sign she would make for passing away her lands, and as it was interpreted to me, she put her hands that way, where the lands lay, and spread out her hands. It being a business of the court, and for her own good, I thought fit to communicate it to you. He then referred to the case of one Hill, who was born deaf and dumb, and was brought before Justice Warburton to levy a fine, but the judge would do nothing until he had acquainted his brethren. Hill was examined, and being found intelligent, Judge W. took the fine. Upon this report being made to the court by Chief-Justice Bridgman, Archer, one of the Justices, said the rule of law is, that in fines and feoffments (the usual mode at that time, of conveying an interest in land), if there is good intelligence, they (mutes) may do such acts. They may be admitted to make contracts for their good. They are admitted, upon examination, to marry, and to receive the sacraments. They may make contracts for their persons, why not for their estates. I conceive that it may be done, and that your lordship may take the fine.

The other two judges, Tirrel and Brown, agreed, and the fine was accordingly taken.

When this case occurred, the successful efforts that had been made during the century preceding, in different parts of Europe, to instruct the deaf and dumb and to improve their condition, had been brought before the English public. Half a century had elapsed since Sir Kenelm Digby, and the other companions of Charles I in his romantic journey into Spain, had brought back reports of the marvelous success of Ponce and Bonet in teaching deaf-mutes, nobles of the great house of Velasco. At the time of this decision, Drs. Bulwer and Wallis, the latter a practical teacher, and a man eminent in almost all kinds of learning, were then living. Wallis had exhibited his pupil, Daniel Whalley, before the Royal Society more than ten years previously. Whalley, indeed, was not deaf from birth, but others of Dr. Wallis's pupils were. Dr. Bulwer's "*Philocophus, or the Deaf and Dumb Man's Friend*," had been published more than twenty years. Holder had also published his "*Elements of Speech, with an Appendix concerning persons Deaf and Dumb*," in which he gave an account of the method he employed, as early as 1659, in the education of a deaf and dumb person. And, shortly before the decision now in question (that is, in 1670), a letter of Wallis, detailing his methods of instruction, had appeared in the *Philosophical Transactions*, and in the same year George Sibscota published his little work entitled "*The Deaf and Dumb Man's Discourse*." Light was breaking at several distinct points out of the night of darkness that had so long involved the deaf and dumb. To these works, as well as to the personal efforts of those English philanthropists, the credit is, no doubt, due for a more enlightened view, on the part of the courts, of the legal rights and responsibilities of this class of persons.

In this connection we will refer to a subsequent case which appears to be the earliest English adjudication upon the right of those born deaf and dumb to have the possession, enjoyment, and management of their real and personal property, where it appears to the court that they have the requisite intelligence. In 1754, a woman born deaf and dumb, upon arriving at the age of twenty-one years, applied to the Court of Chancery for the possession of her real estate, and for the enjoyment of her personal estate (it is presumed that she had been previously under the control of a guardian). Upon her appearing before the Chancellor, Lord Hardwicke, he put questions to her in writing, and receiving suit-

able answers to them in writing, he ordered her application to be granted.—*Dickinson v. Blisset*, 1 *Dickens*, 168.

After the passage of the statute of Edward III, referred to on a previous page, it became usual for the king to grant the custody of the estates of idiots to some person, who thereby became entitled to the same privileges and powers which the king enjoyed under the statute—that is, the possession of the estate, and the enjoyment of the rents and profits—upon the condition of supporting the idiot. These grants, which were made for a *bonus*, or consideration, became and continued for centuries to be one of the sources of the royal revenue ; and the power thus conferred upon these grantees or guardians came in time to operate injuriously upon such estates, as the guardianship of the feudal barons had formerly done. (4 *Inst.* 203.) So great was the hardship upon private families that, in the reign of James I, it was proposed to vest the custody in the relatives of the party, and settle an equivalent upon the crown in place of it. But an abuse which yielded so much revenue to the crown was not easy of removal, and it remained uncorrected till the breaking out of the revolution of 1640, since which time the crown has always granted the surplus profits of an idiot's estate to some of his family. (1 *Ridley, P. C.*, 519.) From the time of Henry VIII, the administration of such estates was vested in a Court of Wards. This court was abolished in the reign of Charles II, and its authority over such matters then vested in the Court of Chancery. And the right of directing the control and administration of such estates has, in England, remained in the Court of Chancery until the present time. Whether or not a man is an idiot, incapable of managing his affairs, is ascertained by a writ, *de idiotâ inquirendo*, which must be tried by a jury of twelve men. To prevent abuse, the finding may be reviewed in the Court of Chancery, and the alleged idiot brought before the Chancellor for inspection, who, if he is not satisfied that the finding is correct, may discharge the whole proceeding. If he is satisfied of its correctness, he appoints a person to take charge and manage the estate, who acts always under the supervision and control of the Chancellor.

In this country this power is most usually vested in the courts of equity, and though there are different regulations in different states, the general mode of proceeding is essentially the same as in England.*

The result of this examination of English common law, as the foun-

* For this exposition of the English law on our subject we are indebted to Judge Daly, of New York.

dation of American law, is, that the deaf and dumb have ever possessed the same rights of inheritance as those who are not deaf and dumb; and, like the latter, are restricted in the full enjoyment of such rights only upon proof of the want of the requisite intelligence. This also, we believe, is the case throughout Europe, the old feudal codes having mostly passed away. As to what would be deemed satisfactory proof of the requisite intelligence, there is evidently room for much diversity of opinion; and different decisions may be given in similar cases, according to the degree of intelligence and freedom from prejudice of the judge or jury. In such cases, indeed, the intelligence of the judge has often more to do with the decision than the intelligence of the deaf-mute.

We will next consider whether a deaf-mute can make a valid will. Evidently a person deprived of his property during his lifetime cannot consistently be permitted to alienate it from the legal heirs at his death. The Roman law on this point we have already cited. The English law would decide this question according to the actual intelligence manifested. Other European codes, more influenced by the spirit of the Roman law, exact formalities which only deaf-mutes able to write can comply with. In France a deaf-mute able to read and write is admitted on all hands to be competent to make a valid will—writing, signing, and dating it with his own hand—conforming, in this, to the spirit of the Roman law, and avoiding its ignorant exclusion of deaf-mutes from birth from the possibility of education. It is required, however, that “the judges should have positive proofs that the deaf-mute testator had exact notions of the nature and effects of a testament;—that reading was, in him, not merely an operation of the eyes, but also an operation of the understanding, giving a sense to the written characters, and acquiring by them knowledge of the ideas of another;—that writing was the manifestation of his own thoughts;—that, on the whole, the testamentary dispositions were such as showed the effect of an intelligent will; and these proofs are at the charge of the person to whose benefit the will is made.”* From this statement, taken from a standard French work, it appears that, whereas in ordinary cases every person of lawful age is considered competent till the contrary is proved, a deaf-mute, on the other hand, is considered incompetent till his competency is proved.

* Piroux' Journal, *L'Ami des Sourds-Muets*, tome i, p. 5, taken from *Le Dictionnaire de Legislation usuelle*, published in 1835, by M. Chabrol Chaméane.

Piroux records a case in which the holograph will of a deaf-mute, Theresa-Charlotte Lange, was, in August, 1838, annulled by the Tribunal of Saint Jean d'Angely, on the ground that though it was not contested that the will was not written by the own hand of the testatrix, yet there was no evidence that she could use writing to express her own ideas ; but, on the contrary, evidence that she could only express herself by signs. As this case was an important one, and seems to have been argued at much length, and carefully considered by the court, we will give an abstract of the points on which the judgment was founded.*

“The heirs have not denied that the characters which compose the material body of the document purporting to be the testament of Therese-Charlotte Lange were the work of her hand, but maintain that they could not be the work of her intelligence ; hence that there was no occasion for a verification of the handwriting, or for inquiring at whose charge such verification should be.

“No provision of law places the deaf-mute in an exceptional case as to the capacity of making a will ; he possesses the common rights of other men, and, therefore, can, like the generality of citizens, bequeath or give away property, provided he complies with the formalities exacted by law.

“If, in consequence of his infirmity, he cannot make a will by *acte publique*,† we cannot, at least, when he knows how to write, when he can manifest his will in an unequivocal manner, contest his ability to make a holographic, or a *mystique* testament ; this is a point on which there is now no difficulty.

“To be valid, the holographic testament must be written, dated, and signed by the hand of the testator.

“In ordinary language, and in the strict acceptation of the term, it is true that to write may be understood to trace on paper letters or characters, no regard being had to their signification.

“But in the eyes of the law, and in its more extended acceptation, this expression has a very different sense ; and it is evident that in a matter of such importance as making a will, to *write* most evidently cannot be understood of the purely mechanical act which consists in copying instinctively, or by imitation, characters that have been placed before one's eyes, and of which the copier does not know the use or meaning ;—that to know how to write is to be

* Piroux' Journal, tome i, p. 109-112. We have, in making the translation here given, omitted the legal *attenduque*, which in the original begins each paragraph.

† Dictating the provisions of a will publicly, in the presence of witnesses, to a notary public, who, after writing it down from this dictation, reads it to the testator, and attests his signature and acknowledgment. The French code requires that the testator should dictate the provisions of the will *vivâ voce*, and should *hear* it read—expressions which, if taken literally, would preclude all deaf and dumb, or even merely deaf persons, from this mode of making a will, a mode evidently designed to assure certainty in drawing up the wills of illiterate persons. Some respectable lawyers, however, argue that the *spirit* of the law would be complied with by dictating and reading in signs.

able at once to conceive, collect, arrange one's thoughts, put them in form, and express them on paper by means of certain conventional characters ; and, consequently, it is much more an operation of the mind, a work of the intelligence, than a labor of the hand.

“ Whence it follows that to know how to *write*, in the true acceptation of the word, it is indispensable to know the significations of words, to comprehend the relations which they have, the objects and ideas which they represent ;—that thus to establish that an individual knows or knew how to write, it is not enough to produce a sample of characters placed one after another ; this would only prove that he had been habituated to figure letters, or to draw ; but it is necessary to prove that he has received, whether in a public institution or by the care of capable persons, the education necessary to attain this result : this is, above all, true when the question is of a deaf-mute from birth, who, deprived of two organs so essential as hearing and speech, whatever natural genius and capacity he might have otherwise, has so many difficulties to overcome in order to develop, or rather to form, to retemper his intelligence.

“ When such a proof becomes necessary, it is, without doubt, incumbent on the party who would have the benefit of a writing attributed to a deaf-mute : in this matter, the general rule is, the state in which nature has placed the individual afflicted with dumbness and deafness, the exception is the modification or amelioration wrought in that state ; the presumption of law is, that the deaf-mute is illiterate, and the fact to be proved, that he has been brought out of his ignorance by education, which is, consequently, to be proved by him who alleges this fact or claims the exception.

“ Therese-Charlotte Lange was born deaf and dumb. Nothing offered in evidence shows her to have been, whether in youth or at a more advanced age, placed in an establishment consecrated to the special education of those unfortunate persons afflicted, like her, with this double and deplorable infirmity. It is alleged, indeed, that on her arrival in France she was, as well as her elder sister Rose, also deaf and dumb from birth, received by the Abbé Hardy, then vicar-general of the bishopric of Saintes, and that this ecclesiastic, devoting himself wholly to the care of their education, had taught them to read and to write ; but no proof of this fact is to be found in the documents produced in the case : the only piece which has been adduced in support of these allegations, the *acte* of 19th September, 1789, far from justifying them, seems to prove the contrary.

“ In effect it results from this *acte* that one of the ancestors of the plaintiffs had wished, at that time, to withdraw the demoiselles Rose and Charlotte Lange from under the guardianship of the Vicar Hardy, in order that they should, as he said, re-enter the bosom of their family ; and it was only by gestures and signs that Therese-Charlotte particularly manifested her opposition, and her refusal to adhere to the demand of the Sieur D. F. Desportes. Four witnesses, whose communications with the demoiselles Lange were frequent, were on this occasion called in to assist at this declaration in mimic language, and to interpret the signs by which they made known their resolutions ; all these circumstances are such as to give a strong suspicion, in spite of the physical fact [*fait matériel*] of the apposition of the signature of Charlotte Lange at the

bottom of the protestation, which was written, as is mentioned in the *acte* itself, by Rose Lange, that signs were the only means she knew to manifest her will or wishes.

“ From this epoch to that of her marriage, in 1821, nothing is shown which could tend to invalidate this conclusion. If it is alleged that she had a great facility to divine the signs addressed to her, and to make herself understood by means of gestures, by those with whom she was habituated to communicate, that fact may prove that, by a just compensation, nature had endowed her with a remarkable instinct and penetration, but not destroy the presumptions, weighty, precise, and consistent, which result from the other circumstances of the case; because these presumptions are yet farther justified by the fact that she appears to have made no use of writing, which ought, however, to have been one of the easiest and surest means of communication with her relatives and friends.

“ These presumptions, already so strong, become certain proofs when, in the most solemn circumstance of her life, at the epoch of her marriage with the *Sieur Hardy*, in 1821, we see *Therese-Charlotte*, in order to accomplish this marriage, forced, on one part, to have recourse to the *Garde des Sceaux* (Keeper of the Seals) to obtain an authorization to this effect, because of the impossibility in which she found herself to express her consent; and, on the other side, obliged to employ an interpreter to transmit to the public officer the consent which she gave, as is mentioned in the *acte civile* [the civil part of the contract of marriage] *by signs*, showing her intelligence by conversation on all sorts of subjects, when it had been so easy for her to avoid all these difficulties by giving her consent in writing, if, in fact, she knew how to write.

“ Hence there can be no doubt that at the epoch of her marriage with the *Sieur Hardy*, *Charlotte Lange*, then aged sixty-five years, did not know how to write, and it is difficult to admit that she could have learned since; moreover, no proof has been offered on that point.

“ It must be concluded, from all these facts, that, evidently, if the act called her testament materially emanated from her, it is not the work of her intelligence, and that, in this point of view, it cannot be valid in the eye of the law.”

The testament dated 7th August, 1834, and enregistered 8th August, 1836, was accordingly declared null. The plaintiffs, *MM. Desportes*, having offered a *libéralité* of 12,000 francs to the defendant and legatee, *Hardy*, the latter acquiesced in the judgment—a fact that induces a suspicion that the decision of the court was not considered altogether conclusive, and that there was some possibility of a different ruling by a higher tribunal, or at least doubt enough to encourage the defendant to prosecute an appeal, if not bought off.

The reader will observe that, in this case, the general intelligence of *Therese-Charlotte Lange*, and her competency to make her wishes distinctly known by signs were not called in question. The only question was, whether she could read and write with sufficient understanding

to write her own will, with a full knowledge of its provisions and their effect. In this point of view, we are not prepared to dispute that the decision of the court was correct. It is probable, from the facts shown in the case, that though Therese-Charlotte might have had some idea of the meaning of simple sentences, those about her and possessing her confidence might have placed almost any instrument before her to copy as her own; she would have had to rely on their interpretation in signs for its purport.* We have, however, to object to the reasoning of the judgment before us on one or two points. It is by no means true that a deaf-mute who has been taught to read and write, however expert he may be, finds writing "the easiest and surest means of communication with his relatives and friends." In most cases, on the contrary, the relatives and friends of an educated mute find it much easier to learn to communicate with him by signs, than to suffer the tediousness and other inconveniences of having to write every communication. And there are few deaf-mutes from birth, however well educated, who do not understand signs, skillfully made, more easily and readily than writing. We may farther remark, that a deaf-mute who uses written language so imperfectly that he prefers to express himself by signs, may yet have a fair idea of the meaning of what he reads or copies. Whether this last was the case with Charlotte Lange, the evidence before us does not show.

Under this decision, and others of the same tenor, it seems that in France an uneducated or imperfectly educated deaf-mute cannot make a valid will at all. As it is certain that there are some uneducated, and many partially educated deaf-mutes who are perfectly competent to manage their own affairs, and as fully aware of the nature and effect of a testament as illiterate speaking persons generally are, it must be considered as a defect of the law, if they are, by consequence of the formalities exacted, precluded from disposing by will of property perhaps acquired by their own industry. The reason given by Pothier, that "signs are too equivocal to authorize the declaring one's last will in this mode," is, as the distinguished deaf-mute Professor Berthier well observes, very contrary to the fact, so far, at least, as concerns the signs used by deaf-mutes of fair intelligence who have been accustomed to communicate freely, like Charlotte Lange, with those around them.

* It is, however, to be observed that illiterate people generally have but a confused idea of the meaning and force of legal phraseology, and are about as much dependent as a half-educated mute on the integrity of their man of business.

Berthier has, with equal zeal and ability, repeatedly brought this and other points on which he conceives injustice has been done to his unfortunate brethren, to the notice of the French legislature. If he has failed to obtain a modification of the code in their favor, it seems to have been not so much from any want of appreciation of the justice of his complaints, as because more liberal principles of interpretation were beginning to prevail in the French courts, by which the necessity of special legislation is probably superseded.

The evidence of this change of views among French jurisconsults is found in a case recorded in Morel's "*Annales des Sourds-Muets et des Aveugles*," tome i (1844), pp. 164-179. "The *Sieur Clergue*, deaf-mute, not knowing how either to read or write, appeared (in 1835) before *M. Dubosq*, notary, assisted by his mother and his niece, and in presence of several witnesses who, by their relations with the deaf-mute, were able to understand his signs. He declared, in a language understood by all present, that he gave the ownership of all his property to the *Sieur Pierre Clergue*, his nephew, on condition that the latter should provide for all his necessities during his life. The *acte* drawn up by the notary was read to those present, and explained in mimic language to the *Sieur Clergue*, who manifested, by very intelligible signs, that the notary had faithfully expressed his mind.

"After the death of *Sieur Clergue*, in 1839, his heirs attacked the donation as emanating from an incapable person. They founded their case principally on this, that a deaf-mute who does not know how to read and write, not being permitted, by the terms of the French civil code (article 936), to accept a donation without the assistance of a *curateur*,* should have, *a fortiori*, need of his assistance to express his own consent to a donation of his property."—To which it was replied that it was easier to know what one gives than to understand what one binds one's self to in accepting a donation;—that the rule of the code was not designed as a rule of capacity, but for the advantage of the deaf and dumb, enabling all to accept donations, and leaving those who possessed sufficient intelligence to make them.

The case was carried from court to court, till it reached the court of the last resort, the *Cour de Cassation*; and by each tribunal before which it was taken the donation was sustained. The grounds of this decision were mainly these: "In general, every person can make a contract,

* The acceptance of a formal donation, on account of the onerous conditions sometimes annexed, requires caution and intelligence in the donor.

unless expressly incapacitated by law; incapacities should be strictly construed, and were not to be extended beyond the letter of the law." The authors of the civil code (following, according to their published debates, the expressed opinion of the First Consul himself on that point) had expressly refused to deny the faculty of contracting marriage to deaf-mutes, even if illiterate, leaving the tribunals to judge, from their signs, whether they possessed the degree of intelligence necessary to a valid consent, and had expressed such a consent; and this faculty of contracting marriage involves the very principle in question in this case, that of making a donation *inter vivos* (a gift of one's property in one's lifetime). Since the success that has attended the efforts to educate them, deaf-mutes can no longer be considered, as they are by the Roman code, as being generally wanting in the intelligence necessary for managing their own affairs. The facts and circumstances proved that the deaf-mute, Clergue, had the capacity necessary for making a contract, and that he could put himself in communication with a notary and the *assistants* (those present) in such a manner as to leave no doubt of his intentions or of his will.

It is evident that, if a deaf-mute has the capacity to make a valid donation of his property in his lifetime, by an instrument drawn up from his signs, and acknowledged by him by means of signs, he must be equally capable of making a will in some similar mode. Granting him the former capacity, it must be absurd to refuse him the latter. The difficulties are merely matters of form, which will, doubtless, be got over when the principle is once admitted.

In English and American law, the distinctions of the French law between the different sorts of wills (the *testament olographe*, the *testament par acte publique*, &c.) do not exist. The circumstance of a will being written wholly by the testator's own hand does not make it valid, if the acquired forms of attestation before the legal number of witnesses were not complied with. The Surrogate of New York observes: "No particular form is requisite; all that the law requires is that the testator shall communicate to the witnesses that it is his will, and that he desires them to attest it. This can be done by reading, and other acts performed by a third person, provided an intelligent assent on the part of the testator be shown. Indeed, not a word need of necessity be said. A deaf mute might go through all the ceremony by means of a written communication."* Of course, this refers only to the case of a deaf-mute able to read and write.

* 2 Bradford's Reports, 265.

We have not been fortunate enough to find any English or American case in which the validity of a will made by a deaf-mute came in direct question; but opinions bearing upon the point before us have been incidentally put forth by the very eminent jurist, Surrogate Bradford, of New York, whom we have just cited. He declared (in *Weir v. Fitzgerald*, 2 *Bradford's Reports*, 42) that the law does not prohibit a deaf, dumb, or blind person from making a will; that the defects of the senses do not incapacitate, if the testator possesses sufficient mind to perform a valid testamentary act; and, after reviewing the provisions in the code of Justinian, and the rule as stated by Blackstone,* that those born deaf, dumb, and blind are incapable of having *animus testandi*, and that their testaments are void, as they have always wanted the common inlet of understanding; he says that this rule was necessarily qualified by the reason of it, which was a *presumed* want of capacity; and, of course, in any case, where it appears as a matter of fact that there was sufficient capacity, the reason of the rule no longer applies.

We have, however, a direct adjudication upon the kindred question, whether an uneducated deaf-mute can make a valid deed or conveyance of real estate. In *Brower against Fisher* (4 *Johnson's N. Y. Chancery Reports*, 441), a deed was declared valid that had been made by an uneducated deaf-mute, it being shown, on inquiry by a commission of lunacy, that the grantor, though born deaf and dumb, "had sufficient intelligence for the management of himself and property, and was capable of communicating by signs and motions with persons with whom he was intimate, so as to be well understood, and of understanding them; that the jurors were of opinion that the defendant was not a lunatic, unless the fact of his having been born deaf and dumb, in judgment of law, made him a lunatic." The deaf-mute had sold his interest in his father's estate to the plaintiffs for \$375, which was proved to be a fair compensation under the circumstances, being assisted in making the sale by his mother and an intimate friend. Subsequently bringing suit on the bond then given, the purchaser was advised that the deed from a deaf-mute was not valid, and appealed to the Court of Chancery for his own protection. Chancellor Kent decided that the deed was valid under the circumstances; yet that "the bill does not appear to have been filed vexatiously, but rather to obtain, for greater caution, the opinion of the court on a point which had been left quite doubtful in

* 2 Blackstone's Com., 497.

many of the books, and which had never received any discussion here." The Chancellor observes: "Upon the finding of the jury under the commission, in nature of a writ *de lunatico inquirendo*, I refused to appoint a *committee*, and adjudged that the defendant was not to be deemed an idiot from the mere circumstance of being born deaf and dumb. This is a clear, settled rule, and numerous instances have occurred in which such afflicted persons have demonstrably shown that they were intelligent and capable of intellectual and moral cultivation." This is quite a safe assertion, even in this country, in 1820, the date of this case. After citing conflicting cases and authorities, for which we refer our readers to the volume of reports, the learned and able Chancellor goes on to say: "Perhaps, after all, the presumption, in the first instance, is, that every such person is incompetent. It is a reasonable presumption, in order to insure protection and prevent fraud, and is founded on the notorious fact that the want of hearing and speech exceedingly cramps the powers and limits the range of the mind. The failure of the organs necessary for general intercourse and communion with mankind oppresses the understanding; *affigat humo divinæ particulam auræ*. A special examination, to repel the inference of mental imbecility, seems always to have been required; and this presumption was all that was intended by the civil law, according to the construction of the ecclesiastical courts; for a person born deaf and dumb was allowed to make a will, if it appeared, upon sufficient proof, that he had the requisite understanding and desire. I am satisfied that the plaintiff is justly to be exempted from the charge of a groundless and vexatious inquiry; and the course is not to punish the prosecutor of a charge of lunacy with costs, if the prosecution has been conducted in good faith, and upon probable grounds. I shall, therefore, dismiss the bill without costs."

The effect of this decision seems to be that a deaf-mute from birth is, in all cases, to be presumed incompetent to make a will or a contract, till his competency is proved; and that, if he sells property, and the buyer afterwards chooses to question his competency, he must defend himself at his own costs. We submit that it would be more in accordance with reason and justice to presume his competency, as in the case of men who hear and speak, when he has among his neighbors a reputation for intelligence and ability to manage his own affairs, and more especially when he has been taught to read and write. It is to be presumed that no man would make a contract with him, unless he had

such a reputation for intelligence and competency ; and if the purchaser of property from a deaf-mute neglected to ascertain this point beforehand, we, with all due respect to the high authority we have cited, respectfully submit that the *laches* is his own, and that he ought to bear the costs of an inquiry which he ought to have previously made himself.

It is observable that Chancellor Kent, in the opinion before us, makes no distinction between deaf-mutes who have, and those who have not been educated. Probably, at that early day, he was hardly aware of the nature of this distinction. Indeed, it is a fact that there are some uneducated deaf-mutes more intelligent in matters concerning their own affairs than are *some* of those who have spent years in an institution ; for all the care of the teacher cannot remedy the original want of capacity. Such cases are, however, rare. The fact of having been educated is one strong presumption of capacity of a deaf-mute to manage his own affairs ; and if not educated, still his reputation for intelligence among his neighbors ought, as we have already observed, to be presumptive proof as to his capacity or incapacity.

The capacity of making a contract involves the capacity of making a will ; as we see, in the citation just given from Chancellor Kent, he refers to the testamentary capacity conceded to deaf-mutes by "the ecclesiastical courts," where they were proved to have "the requisite understanding and desire," in illustration of the capacity of a deaf-mute to execute a valid deed. From this decision, therefore, and from the opinion expressed by Surrogate Bradford, before referred to, we are warranted in declaring the law to be that an intelligent deaf-mute, even if unable to write, and only able to make his wishes known by signs, can make a valid will, or valid deed, or bind himself to any other obligation or contract. And we have high legal authority for adding that, whatever may be the degree of his intelligence, he is bound for, and an action can be maintained against him for, necessities suitable to his condition, unless it appear that the person who supplied them knew of his want of ordinary intelligence, and imposed upon him.—*Baxter against the Earl of Portsmouth*, 7 *D. and Ry.*, 614 ; 5 *Barn. and Cons.*, 170 ; 2 *Car. and Pay.*, 178.

In the same volume of Johnson's Chancery Reports (iv, p. 168) we find a case in which a woman, "unmarried, of the age of sixty years, deaf and dumb from infancy, and of such imbecility of mind as to be incapable of defending the suit," in which she was legally a party with

her brother and others, was admitted to appear and defend by guardian. No special inquiry was here made ; the facts on which the application for the appointment of a guardian were founded being merely verified by affidavit. Here it will be seen the appointment of a guardian was grounded on “ imbecility of mind,” and not merely on the defendant’s being deaf and dumb. She was doubtless uneducated, for at that date (1819) there were no deaf-mutes in the State of New York, sixty years of age, who had had the opportunity of receiving an education. Had she been educated, however, there can be no question that extreme “ imbecility of mind,” though it would be less likely to supervene, would, if present, be a cause for appointing a guardian.* We find a French case in point recorded by Piroux, who informs us that he was called in as an *expert*, to give advice on the question whether Frances Bowry, one of his former pupils (at Nancy, in Eastern France), was in a condition to manage her own estate, or whether it would be for her benefit to name for her a *conseil judiciaire* (a sort of half-guardian). “ Knowing,” he says, “ that this young woman has no longer father or mother, that she is obliged to live with illiterate persons, among whom her instruction cannot be continued, and, finally, that a sickness of nearly a year, which she had when in our establishment, has hindered her progress, we considered that it would be useful for her to name for her a *conseil judiciaire* ; and the tribunal has by a judgment confirmed our opinion.”†

Another case is recorded, in which “ three deaf-mute brothers of Normandy, who could count money, play cards, &c., were *interdicted* (that is declared incapable of contracting, etc.) by the civil tribunal

* Since writing this paper we have examined the laws of Georgia, in which it is enacted that, “ Deaf and dumb persons shall be so far considered idiots in law as to authorize the inferior court to appoint guardians, etc.”—“ Provided it shall be made satisfactorily to appear to said court that such deaf and dumb person or persons are incapable of managing his or her estate, or him or her or themselves.” This is the only American legislative provision on this point that has come to our notice. Possibly similar provisions may exist in the laws of other states ; but we believe not in those of the North, Eastern, or Middle states. By the principles and practice of the common law, courts might, without special enactment, appoint guardians for any person satisfactorily shown to be incapable of managing his estate, whether deaf and dumb or not. See 2 Johnson’s N. Y. Chancery Rep., 235. It seems, then, the indignation expressed by a Georgia deaf-mute at the law just cited (Am. Annals, viii, 124) was rather unnecessary.

† L’Ami des Sourds-Muets, tome v, p. 9. We suppose that a *conseil judiciaire* differs from a *curateur* or guardian in that the latter acts according to his own judgment, independently of the wishes of his ward, while the former only gives validity to the acts of his ward by his advice and consent.

of Loziere. One of them, endowed with a rare intelligence, finding the decision of the tribunal an obstacle to his marriage, appealed to the *Cour Royale* of Rouen. This court was of opinion that the provisions of the law relative to *interdiction* should be restricted to the three cases of imbecility, dementia, and insanity, provided for in the code; and that this deaf-mute, not being in either of these three cases, could not, on account of his infirmity alone, be subjected to a measure so rigorous as the interdiction.* From these cases we learn that though, through the influence of the Roman and other ancient codes, there is a tendency among lawyers and judges to question the capacity of deaf-mutes to manage their own affairs, merely on account of their infirmity, yet the better opinion, both under the French laws and our own, is, that they are to be treated according to the actual intelligence they evince.

Passing on to another branch of our subject, we will consider the capacity of a deaf-mute to contract marriage. By the common law, which in this respect differed from the civil (Roman) law, the marriage of an idiot was valid. It seems strangely inconsistent that the same law which declares this class of persons incapable of giving their consent to anything, still recognized their right to enter into the contract of matrimony. Yet the point, their ability and the validity of such a marriage, appears to have been expressly adjudged. (3 *Coke Lit.*, 80 a. note 47.) “If he is able to beget either son or daughter,” says one of the early writers on the common law, “he is no fool natural.” (*Green, Saver de default.*) But in the last century this long-received doctrine of the common law was called in question; and, after much examination and full deliberation on the part of the courts, it was held that this, the most important contract of life, the very essence of which is consent, could not be entered into by one destitute of reason.—1 *Hogg, Cons. R.* 417; 2 *Phill.* 19, 70.

Of the capacity of a person born deaf and dumb, if *compos mentis*, to contract matrimony, there never appears to have been any doubt under the common law, and the validity of such a marriage contracted by signs was recognized towards the close of the seventeenth century. Swinburne, an old writer on the law of marriage, whose work on *Spousals* was published in 1686, after declaring that some held that words were necessary, as touching the church, and some that they were not, says: “Their consent alone is sufficient for matrimony of whose conjunction there is any ado; and it followeth that he or she

* Piroux’ Journal, L’Ami des Sourds-Muets, tome v, p. 52.

which cannot speak may contract matrimony. The reason there yielded is this—*Quod verbis non potest, signis valeat declarare*: that which cannot be expressed by words may be declared by signs. Seeing their sole consent is sufficient, and seeing that they which be dumb and cannot speak may lawfully contract matrimony by signs, which marriage is lawful, and availeth not only before God but before the church, it followeth that words are not so precisely necessary, as without the which matrimony cannot be contracted; and this conclusion is commonly received of all or the most later writers:" and he refers to a large list of various authors and writers.—*Swinburne on Spousals*, 204, c. xv.

The rule of the civil law, by which deaf-mutes were considered incapable of contracting matrimony, appears to have been relaxed by the authority of the church, for we find, in the twelfth century, a *decretal* of Pope Innocent III, authorizing such marriages. Whether this was confined merely to the Papal States, or was designed as a fixed regulation of the ecclesiastical or canon law, we are unable to state. It seems, however, not to have been followed or acted on in countries where the canon law prevailed; for in France the validity of such marriages was not recognized until within a comparatively recent period. According to Professor Vaisse, they were recognized for the first time by a decree of the Parliament of Paris, of the 16th of January, 1658. We have already stated the fact that the authors of the civil code (the famous *Code Napoleon*) rejected the project of a law on this point, leaving it to the tribunals to judge according to the circumstances of each case. In France, where the deaf-mute can read and write, there is, of course, no difficulty. Where he is illiterate, different views have been taken by the magistrates before whom deaf-mutes have presented themselves, attended by their most intimate friends as interpreters, in order to have the civil part of the contract of marriage legally performed. (In France, the reader should bear in mind, the law requires a civil contract of marriage to be entered into before the *maire* of the commune, and takes no notice of the religious ceremony, for which the parties usually proceed from the office of the *maire* to the church.) Some amusing cases are recorded in Piroux' Journal. In August, 1842, the *maire* of Gensae, a little village of Guyenne, was summoned before the civil tribunal of Caske-Sarrasin, at the instance of Marguerite L., an uneducated deaf-mute, whose marriage he had refused to celebrate. "Marguerite was a young woman of twenty-five, robust, healthy, affec-

tionate, capable of managing household affairs, intelligent enough to wind up the house-clock and set it to the right hour, and, for a peasant, rich. A young man of the same village sought her in marriage. The girl consented; so her parents attest, as well as the play of her features, and her signs, as expressive as tender. But *M. le Maire*, cold interpreter of the law, who acknowledged in the young woman the most praiseworthy qualities, avowing that she kept her cows with care, that she is a good housewife, that she fulfills admirably the duties of a daughter, but who did not find in her the intelligence of the chapter VI of the civil code, title of marriage, on the duties of husbands and wives, refused to see a consent to marriage in those signs which the amorous *Thyrsis* found so expressive."

Appearing before the tribunal, the president sent out her friends and attempted to interrogate her with a loud voice himself, of course without any result; the best educated deaf-mute, unless he had acquired a rare faculty of reading on the lips, had been equally unable to understand the president's questions. This proceeding gives no very favorable idea of the sagacity of the judge, or of his appreciation of the peculiar circumstances of a deaf-mute. Her mother being then called in, the president desired her to ask her daughter whom she wished to marry, and to tell her to seek him in the hall. After some pantomime between the mother and daughter, the latter hastily passed among the assembled crowd, found her lover, and led him forward by the hand, amidst the encouraging smiles of the spectators. Her advocate maintained that she had sufficiently manifested her wish to marry the *Sieur B.*; but the *procureur de roi* replied: "The question has been put wrong; we have not to inquire whether the young woman, L., attends to her household affairs, whether she cooks well or ill—these facts are not contested; but whether she comprehends the burdens and duties (*charges et devoirs*) of marriage; we have to inquire whether she is capable of giving an intelligent consent. We think not. It is not enough, in order to prove that she comprehends the importance of this solemn act, that she should push from her the *huissier*,* or that she should lead forward her *pretendant* (suitor). Whatever her advocate may have maintained, marriage does not consist in the mere bringing together of the sexes: marriage is rather a moral and civil bond which forms families; families are the nursery of the state. Among us one

* The *huissier* of the court had been proposed to her (in pantomime) as her future husband.

does not make a gipsy marriage—a marriage by breaking the pitcher.* You will, therefore, reject the demand of the deaf-mute, and condemn her to pay the costs.”—*Piroux’ Journal*, iv, 140.

The distinguished deaf-mute Berthier, commenting in the public prints on this specious reasoning, remarks: “These burdens and duties of marriage, is it then necessary that the deaf and dumb should know them more thoroughly than other men? Are there, for their peculiar use, definitions more philosophical and metaphysical? The first village tout who presents himself is allowed to marry, provided he says yes, and a doctor’s diploma is almost necessary to the deaf-mute who would marry.”

The court, not being satisfied with the proofs offered of the intelligence of Marguerite L., named as interpreter a curate, who demanded three months to enable him to communicate with the deaf-mute. Whether, after this delay, the marriage was finally ordered, is not on record. We cannot but agree with Berthier, that the suit of Marguerite was subjected to delay, and perhaps to final refusal, rather on the ignorance of the court, than of the deaf-mute suitor. It had been far more rational to have sent for some person already habituated to converse with the deaf and dumb, as was done in the next case we shall cite.

This case occurred in Provence, a few months later. The *maire* of Roussillon scrupled to perform the ceremony of marriage for a deaf-mute bride, an intelligent dress-maker, but who could only express herself by signs. The case was carried to the civil tribunal of Apt, where (in December, 1842), after argument on both sides, and an examination of the would-be bride in open court, by sworn interpreters, who were themselves well-educated mutes, “after a session that lasted two hours, the tribunal declared Victoire Mathieu competent to give an intelligible consent to be married, found no hindrance to this marriage, and ordered that the two interpreters who had already served the court should assist the mayor at the celebration;—that their interrogation should be reduced to the *procès verbal* by the mayor, and annexed to the *acte*† of marriage, which should be signed by the same interpreters.‡ This decision, in connection with that already given, in the case of Clergue, seems definitely to establish the doctrine that, in

* A ceremony of marriage observed by the French gipsies.

† Equivalent, or nearly so, to what we call a certificate of marriage.

‡ *Piroux’ Journal*, v, 20.

France, an illiterate deaf-mute, if of sufficient intelligence, and able to clearly manifest his wishes by signs, is capable of entering into the contract of marriage, or any other civil contract.

In some other European countries greater difficulties are opposed to the marriages of even educated deaf-mutes. In Prussia, it is said, two deaf-mutes are not permitted to marry, lest they should have deaf-mute children, a chance which experience in our own country has shown to be too small to be a valid pretext for forbidding a union that, in other respects, promises to promote the happiness of the parties. In Switzerland, at least in Berne, the largest of the Swiss cantons, deaf-mutes, even if well-educated, cannot marry without having first obtained the consent of the courts of law. The following case, which we find in Piroux' Journal, the American reader can also consult in the chapter on the deaf and dumb in Beck's "*Medical Jurisprudence*."

Anna Luthi was one of the most intelligent and best-educated pupils of the deaf and dumb institution of Berne. Her father was dead, and her mother remarried. She was a very pretty young woman of twenty-five, and possessed a fortune of thirty thousand francs. Her hand was demanded in marriage by one M. Brossard, who had been deaf from the age of fourteen, a skillful lithographer, employed several years in the institution in which Mademoiselle Luthi was educated, a man of thirty-two years, possessing an excellent character, and already having laid up some money.

Some of the relatives of the demoiselle Luthi, and especially the authorities of her commune, jealous, it was said, of a stranger to the canton becoming proprietor of the fortune which they would rather have fall to one of their own young men, opposed this marriage—raising the pretext that Brossard had abused his situation as her teacher to make her sign a promise of marriage, that he sought only her fortune, and that it was to be feared that the children of such a union would inherit the misfortune of their parents. This last allegation was countenanced by the local medical men, and the judges refused consent to the marriage. The lovers appealed to the supreme tribunal of Berne; and certificates from the first professors of medicine of that city were procured in opposition to the opinion of the local physicians, as to the danger of the children inheriting the deafness of the parents; letters were produced from the young woman to Brossard, sufficiently evincing both her intelligence and her affection; and the tribunal unanimously decided that, "In the circumstances of the case, a refusal of consent

would be equivalent to a general and absolute prohibition of the marriage of deaf-mutes, which, however, is not in the law ; farther, that the very conditions in which the parties found themselves were a sort of guaranty that the demoiselle Luthi would find in him, more than in any other man, one capable of alleviating her situation, and that their pecuniary resources gave the means to procure all necessary aid in taking care of their children." The decision of the inferior court was accordingly reversed, and the marriage permitted.

In this country, where there is no law against the marriage of deaf-mutes, the scruples of one magistrate or minister need not hinder a ceremony, if the parties can find another more reasonable, or more intelligent. Neither are they restricted, as in some European countries, to have the ceremony performed in their own commune or district. A marriage for which the parties have crossed a state-line, or any other line, if celebrated in accordance with the local law, is as valid as if they had been married at home. They have thus a wide field in which to find officers qualified and willing to perform the ceremony.

The cases raised before the French and Swiss courts can hardly be considered legal questions with us. They are rather cases of conscience, and of common prudence, to be considered by the friends of a deaf-mute, if they have any influence in aiding to or dissuading from a marriage. In this country, where education has been placed, by the benevolence and justice of our legislatures, within the reach of almost every deaf-mute of fair capacity, we should hardly object to a rule that uneducated deaf-mutes ought not to marry ; for we trust there will, in time to come, be very few deaf-mutes in our country, of such capacity and energy that they ought to be encouraged to marry at all, left without education. Yet we have known several uneducated mutes who have fulfilled, as well as ignorant speaking persons generally do, the duties of husbands, or wives, or parents.*

Several hundred marriages have been contracted by graduates of the American schools for the deaf and dumb, within the last thirty years. In the majority of these cases, both the parties were deaf-mutes. Though able to read and write, they always prefer to have the cere-

* Chancellor Kent observes (4 *Johnson Ch. Rep.*, 345), "It is too plain a proposition to be questioned, that idiots and lunatics are incapable of entering into the matrimonial contract ;" but he also decided, as we have already noted, that even an illiterate man "was not to be deemed an idiot from the mere circumstance of being born deaf and dumb."

mony performed in their own language of gestures, whenever a clergyman can be found who understands it, or a good interpreter can be obtained. The superior impressiveness and solemnity of a ceremony so performed, to one performed in writing, is a sufficient reason for this preference. In cases, of which we recollect some, in which one or both of the parties were uneducated mutes, the necessary questions and answers were, of course, either made by signs or translated in that language by some person accustomed to communicate with the deaf-mute. It ought to be more generally known than it is, that the intelligence of a deaf-mute does not depend wholly, or perhaps even chiefly, on his skill in written language; that, on the contrary, it depends very much on the copiousness and precision of his colloquial dialect of signs, and on the extent to which he can converse by that means with those around him. A deaf-mute possessed of such a dialect may be very intelligent, though almost or quite illiterate. Hence it is that even a short residence at one of our institutions is so beneficial, even where only a very imperfect knowledge of written language was acquired; partly by the acquisition of an improved dialect of signs, which, in an institution, is very rapidly made, while the study of written language is slow, and partly from the amount of general information acquired by free conversation with the more advanced pupils. A deaf-mute of naturally quick perceptions will acquire, by mere observation, tolerably correct ideas of the nature and responsibilities of the marriage relation, even if wholly illiterate. And a deaf-mute who, from interruptions to his term of instruction, has but a very scanty knowledge of written language, may be and often is as capable of understanding and fulfilling these responsibilities and duties as those who hear and speak.

We pass on to another of the questions before us—the proper mode in which a person profoundly deaf, and having little or no skill in the language of signs, or having no interpreter who understands signs, but understanding writing perfectly, should take a judicial oath, or assume any legal obligation. In the case of a deaf-mute who cannot read and write, or but imperfectly, the rule of the law, as we shall hereafter show, is to employ a sworn interpreter familiar with his modes of communication. In the case of one who understands writing perfectly, it will appear by an English case we shall hereafter cite, the proper mode is to *write* to him what you would *speak* to one who can hear; and let him *write* what the latter would speak. In the practical application of this rule there may be differences of opinion. The only thing essential

is that the deaf person should show in an unequivocal manner that he understands what is written to him, and that he assents to it where his assent is required. We have already cited an opinion of the learned Surrogate of New York, that a deaf-mute could go through the whole ceremony of executing a will, "by means of a conversation in writing." In like manner an oath can, doubtless, be administered in writing; but whether it is enough to write it before the eyes of the deaf-mute, requiring him to read and sign it (laying his hand on the Bible at the same time, or performing such other ceremony as the case may require), or whether he should be required to copy it, is, in the absence of any statutory provisions, a question to be determined by the tribunal before which the deaf-mute appears as a witness. We would, however, observe that though the copying of the form of oath secures greater attention to the words that compose it, it is not, in the case of a deaf-mute, any test whatever that he understands it—any more than a foreigner's repeating after the magistrate a form of words in English would be a test that he understood it. It is, therefore, in every such case, the duty of the judge to satisfy himself, by a conversation in writing, that the deaf-mute who offers to take an oath has a just idea of the nature of the ceremony, and is aware of the consequences of perjury, and that he understands the purport of the particular oath placed before him. Piroux records a case in which a deaf-mute presented himself as an elector (voter). He wrote out, very readily and neatly, the prescribed oath of an elector; but, on attempting to communicate with him by writing, no answers could be obtained to the simplest questions. When asked, for instance, What is your name? he merely copied the words. An educated mute, called in as interpreter, could not even communicate with him by signs (perhaps because the signs he used were too artificial). "In these circumstances the tribunal (of Narbonne) considered that the deaf-mute could neither read nor write; and declared him incapable of fulfilling the functions of a communal elector, since it was impossible to make him comprehend what an elector is called on to do, or what was that oath of which he copied so well the formula, but to which he could attach no meaning."*

Where the deaf-mute, understanding writing either imperfectly or not at all, is reduced to the aid of an interpreter for taking an oath, or any other legal proceedings, a teacher of the deaf and dumb will undoubtedly be, in most cases, the most proper person, as being

* *L'Ami des Sourds-Muets*, ii, 76, 77.

accustomed to express in clear and impressive signs moral and religious ideas.* The intimate acquaintances of an illiterate deaf-mute, however readily they may converse with him on matters of every-day life, will, in most cases, be much embarrassed in endeavoring to express in pantomime such ideas as pertain to the taking of an oath. We shall hereafter cite cases in point.

When deaf-mutes appear before the tribunals, whether as complainants, accused, or witnesses, much embarrassment often results from their inability to comply with the old-established forms adapted for those who hear and speak. The common law, indeed, permits the form of an oath, where it is not prescribed by statute, to be varied so as to adapt it to the religious belief of the witness ; or to have it taken in that form which he deems most binding, and, of course, in the mode which will speak the most directly and powerfully to his conscience. With this principle in view, we shall have no difficulty in deciding that an oath ought to be administered to a deaf-mute (we do not mean a semi-mute, or one who understands writing better than signs, &c.)—to a deaf-mute, we say, by means of an interpretation in his own language of gestures. Papists are sworn on the crucifix, Mahometans on the Koran, Hindoos by the waters of the Ganges, &c. The same principle should teach us that, if it be deemed essential to secure a religious sanction, or the dread of punishment beyond human power, for an oath taken by a deaf-mute, it will suffice if, though not indoctrinated in the mysteries of the Christian religion, he still believes, as most deaf-mutes, even if uneducated, do, that there are superior beings in the sky, by whom wicked men are punished. But, as we shall hereafter explain, the laws of some of the States have done away with the religious test as affecting the competency of the witness, leaving it as one of the grounds on which the jury shall judge of his credibility. And in the case of a deaf-mute prisoner, brought before the tribunals for formal trial, though naturally more weight is given to difficulties of form, when they make in behalf of the prisoner, especially a prisoner whose double misfortune gives him such claims to compassion, we apprehend such difficulties can be got over by the simple rule of regarding it as the duty of the court, or of the prisoner's counsel, to do in his behalf what-

* Though the advantage of having as interpreter one skilled in the system of signs used in an institution is, of course, greatest where the deaf-mute is already acquainted with that system of signs, yet the power which the teacher acquires of exhibiting to his new pupils religious and moral ideas clearly in pantomime enables him to impart such ideas to an uneducated mute more readily than any other persons could.

ever he wants intelligence to do for himself. The questions that are on such occasions sometimes raised, as to degree of capacity and accountability of uneducated mutes, are more difficult of solution.

The *Code Napoleon* prescribes the forms to be observed in the case of an accused person, or a witness who is a deaf-mute: "When a deaf-mute *accusé* does not know how to write, the president shall appoint as his interpreter the person who is most habituated to converse with him." The same provision is made in the case of a deaf-mute witness: "In case the deaf-mute knows how to write, the *greffier* (clerk) shall write the questions and observations made to him; they shall be put before the accused or witness, who will render by writing their answer or declarations. The whole shall be read aloud by the *greffier*." —*Criminal Code*, Art. 114, 333.

We doubt whether this particularity in prescribing forms is judicious. There are cases in which some person skilled in the idioms and mental characteristics of the deaf and dumb, as a class, will make a better interpreter than the person most accustomed to converse with the prisoner, who, moreover, may possibly be deficient in honesty or intelligence, or both. In fact, it appears that the French tribunals usually call upon a teacher of the deaf and dumb, or a well-educated mute, to serve as interpreter in such cases, probably making the letter of the code defer to its spirit. And where an intelligent and reliable interpreter is present, and the deaf-mute, as most deaf-mutes do, understands signs better than writing, it seems to us preferable that, even when able to read and write passably well, his examination should be conducted by signs. Not only will the questions put to him be, in most cases, more fully understood, but his examination will more nearly approach, in solemnity and directness of appeal to his conscience, the oral examination of an ordinary witness. Often, however, a reliable interpreter may not be procurable; in some cases, even, the deaf witness may not understand signs as well as writing; and the counsel on one side or the other may wish to put questions of their own wording: in short, we give the preference to the rules of our common law, under which the courts, on good advisement, have full latitude of decision what mode of examination is best under the circumstances of the case. We shall hereafter cite decisions in point.—See *Snyder v. Nations*; 5 *Blackford's Rep. (Indiana)*, 295; *Morrison v. Leonard*, 3 *Car. and Pay.*, 127, *St. of Conn. v. Dr. Wolf*, 8 *Conn. Rep.*, 93.

It is a point worthy of especial mention that some uneducated mutes

communicate with their intimate companions by means of a peculiar dialect, which even those who are conversant with the deaf and dumb would, at first, not understand. In a case which occurred in the interior of New York, an action of affiliation was brought in behalf of an uneducated deaf and dumb girl. She appeared before the court to give her evidence, accompanied by her sister as interpreter, who communicated with her, not by natural signs, or motions of the hands and fingers, but by motions of the lips, which to the bystanders presented only uncouth and unintelligible mouthings and grimaces. The opposing counsel, believing that this was all a deception, wrote to Dr. Peet, of the New York Institution for the Deaf and Dumb, for his opinion on the case. Dr. Peet called up two of his pupils, a brother and sister, who, he knew, were accustomed to converse by similar means, having been taught to understand the motions of the lips, aided by grimaces and gestures, by their father. He found them able to converse in this way to a considerable extent, and answered the lawyer's inquiry accordingly. It is a fact that when hearing has been lost at such an age that an imperfect power of speech remains, the deaf person makes little or no use of those gestures on which deaf-mutes from birth rely, but communicates with those most intimate with him by his imperfect speech, especially if he cannot read and write, divining their replies by the motions of the lips, to which grimaces and some simple gestures will often be added for greater clearness and significance. And, as we have seen, cases sometimes occur in which the use of the voice may be lost entirely, only the motions of the lips and the accompanying grimaces remaining. A deaf-mute from birth or early infancy naturally converses by means of gestures, unless a different mode of communication is early taught him; a deaf person who learned to read before his misfortune, may acquire a decided preference for writing or the manual alphabet as a means of communication; but a child who becomes deaf after he is able to speak pretty fluently, but before learning to read, is naturally led to efforts to divine what is said to him from the motions of the lips and changes of the countenance—the most difficult and least certain mode of the three, though some deaf persons, of quick perceptions, have acquired surprising readiness and expertness in *guessing* words from the motions of the lips.

In Beck's "Medical Jurisprudence" (vol. i, p. 855) we find a case cited somewhat similar to that just mentioned as occurring in New York. James Whyte was charged, in April, 1842, at the Circuit Court

of Justiciary, held at Stirling, in Scotland, with robbery. "The principal witness, James Shaw, was called, and one of the crown witnesses, named McFarlane, having been sworn to act as interpreter, McF. deposed that he had known Shaw from his earliest years, had been on intimate footing with him, and was, on that account, able to communicate with him better than any other person whom he knew; that Shaw was not born deaf, but became so by disease about the age of seven years; that he had been stone-deaf ever since, and had lost, in a great measure, the faculty of speech; that he could talk a little, but so very inarticulately that none but those who were in the habit of communicating with him could understand his meaning; that the mode of communicating with him was partly by signs, and partly by the motions of the lips. The interpreter having been desired by the court to repeat the oath to the witness, after communicating with him, stated that though he believed Shaw to be naturally honest and trustworthy, he found it impossible to convey to his mind any idea of an oath; that the subject of their communications had always been about ordinary country matters, and that, as Shaw had received no education whatever, it was his decided opinion that he could not comprehend the obligation of speaking the truth." In these circumstances, the court held that the witness could not be sworn, and he was accordingly rejected.

This decision is very unsatisfactory. A rule of law which may preclude a man who has been robbed from giving evidence against the robber, thus defeating the ends of justice, ought not, in our view, to be based on the mere ignorance of the injured party. His ignorance (in this case certainly not from any fault of his own) makes him the more helpless, and hence more deserving of the protection of the law. We think the inquiry ought to have been, not whether Shaw understood the nature and obligation of an oath, but whether he was likely to tell the truth, and could relate clearly doings in which he was concerned. And if that fact was established to the satisfaction of the judges, his testimony should have been admissible for what it was worth. It is a "well settled rule of the common law, of general application in this country and in England, that no witness is competent, unless he has a conception of divine punishment being a consequence of falsehood." (1 *Phillips' Evidence*, 6.) Still, even under the common law, there seem to have been cases in which this rule was made to bend to the common-sense view that children of tender years, and others like them,

are as innocent as they are ignorant, and, when not perverted, or under the influence of interested persons, naturally and spontaneously tell the truth. No one will affirm that the ceremony of administering an oath always secures truthful answers from the witness ; and we venture to say, there is no judge or lawyer who would not sooner believe the artless relation of his child of five or six years, whom he has never known to tell an untruth, than the oath of an average witness whose interests or feelings are involved in the cause.* We see, therefore, no reason why, if such a deaf-mute witness should be found incapable of understanding the nature of an oath, that ceremony might not be dispensed with, and his testimony taken, leaving to the jury to judge, from the consistency of his narrative, from confirmatory circumstances, or evidence of others, and from the reputation of the witness among his acquaintances, what degree of credit should be attached to his statements. If it should be established that a deaf-mute, who, for lack of education, cannot understand the nature of an oath, is incompetent to give testimony against those who have wronged him, evidently this most unfortunate class of persons will be at the mercy of the evil disposed.

The extent to which advocates will push a point of form, like that under consideration, in order to gain an advantage in a bad cause, is strikingly exemplified in another Scotch case cited by Beck (vol. i, p. 863-4).

“An interesting discussion took place last winter in the High Court of Justiciary, as to whether or not a deaf-mute was capable of giving evidence. A rape had been committed on a deaf and dumb girl, and her evidence was objected to by the counsel for the prisoner, who argued that though it was admitted to the fullest extent that she had a perfect idea of the existence of a Supreme Being and a future state, and that though she might be perfectly convinced of the obligation under which she lay to speak the truth, yet every one had as perfect a knowledge, at least, of these facts and obligations as she could possibly have, yet their testimony went for nothing unless confirmed by an oath ; and as it was obvious she could not give an oath, her testimony must go for nothing.”—*Dunlop*.

* In an old American edition of the famous English compilation, *Burns's Justice* (Conductor Generalis, etc., by James Parker, New York, 1778), we find the following (p. 170, *Evidence*): “In many cases an infant of tender years may be examined without oath, where the exigence of the case requires it ; which, possibly, being fortified with concurrent evidence, may be of some weight, especially in cases of rape, buggery, and such crimes as are practiced upon children.” (2 H. H. [Hale's Hist.] 279, 284, str. 700.) Now, a deaf-mute as ignorant and uncultivated as Shaw, is almost precisely in the mental and moral condition of a little child.

Such pleading as this is a disgrace to the Scotch bar. To argue that a deaf-mute, in the rudest state of ignorance, was not a competent witness, because he could not understand the nature and obligation of an oath, seems plausible; but to argue that one who has been educated, and is fully aware of the religious nature and solemn significance of an oath, and of the temporal and eternal consequences of perjury, is not a competent witness, because she cannot comply with a mere form adapted to the use of those who hear and speak, is to outrage every sentiment of justice, every dictate of common sense. We cannot believe the court lent any countenance to such a plea. Beck does not, in this place, give the decision; but the case seems to us to have been the same thus mentioned by him (on page 855): "The chief witness in a case of rape was deaf and dumb, but had been instructed, and her intelligence proved by an examination of her teachers."

In England it has been decided that a person born deaf and dumb, even if utterly unable to read and write, is competent as a witness, provided he evinces sufficient understanding. This was determined in a case at the Old Bailey, in January Sessions, 1786, on the trial of one William Bartlett for simple grand larceny. "John Ruston, a man deaf and dumb from his birth, was produced as a witness on the part of the crown. Martha Ruston, his sister, being examined on the *voir dire*, it appeared that she and her brother had been for a series of years enabled to understand each other by means of certain arbitrary signs and motions, which time and necessity had invented between them. She acknowledged that these signs and motions were not significant of letters, syllables, words, or sentences, but expressive of general propositions and entire conceptions of the mind; and the subjects of their conversation had been, in general, confined to domestic concerns and familiar occurrences of life. She believed, however, that her brother had a perfect knowledge of the tenets of Christianity, and was certain that she could communicate to him true notions of the moral and religious nature of an oath, and of the temporal dangers of perjury.

"It was objected by the prisoner's counsel, that although these modes of conveying intelligence might be capable of impressing the mind with some simple ideas of the existence of a God, and of a future state of rewards and punishments, yet they were utterly incapable of communicating any perfect notions of the vast and complicated system of the Christian religion, and thence the witness could not with propriety be sworn on the Holy Gospels. The difficulty of arraigning a man for

perjury whom the law presumes to be an idiot, and who is consequently incapable of being instructed in the nature of the proceedings against him, was also urged against the admissibility of the witness."

"But the court overruled the objections, and John Ruston was sworn to depose the truth;" and Martha Ruston "well and truly to interpret to John Ruston, a witness here produced in behalf of the king against William Bartlett, the questions and demands made by the court to the said John Ruston, and his answers to them." The prisoner was found guilty, and received sentence of transportation for seven years. (*Phillips' Law of Evidence*, p. 14; *Leech's Cases in Crown Law*, p. 455.)" The only essential difference between this case and the Scotch case, in which the evidence of John Shaw was rejected, is that, in the case of John Ruston, his sister professed to be able to communicate to him, by signs, "true notions of the moral and religious nature of an oath," whereas the interpreter of Shaw did not believe he could communicate any such ideas to him. Martha Ruston might have overrated the capacity of her brother, and McFarlane might have underrated the capacity of his friend. When we recollect that Shaw could hear and speak to the age of seven, it seems improbable that he should not have retained some notions on religious matters, and on the obligation of speaking the truth, though he might have lost the ability to express them clearly. We are persuaded that a person expert in the language of the deaf and dumb, and accustomed to express in that language the rudiments of moral and religious truth, would have found in Shaw, as well as in Ruston, sufficient intelligence and moral sense to admit of his evidence being received.

We have found but one American case (*Snyder vs. Nation*, 5 *Blackford's Reports*, 295, *State of Indiana*) in which a deaf-mute's comprehension of the religious obligation of an oath came in question. The action was one for assault and battery, and the plaintiff produced a deaf-mute as a witness. The competency of the witness being objected to, the court caused him to be examined by means of signs, touching the extent of his knowledge of the nature of an oath. It appeared that he understood that perjury was punishable by law, but he had no conception of the religious obligation of an oath. The presiding judge, however, admitted him to testify, and the interpreter having sworn that he could communicate with him by signs, he was examined as a witness through the interpreter. From this decision an appeal was taken, and Dewers, justice, in affirming the ruling of the judge at the trial, said: "That a

witness is deaf and dumb forms no objection to his admissibility ; such a person, who can be communicated with by signs, is a competent witness at the common law, if he has sufficient discretion and a proper sense of the sanctity of an oath. But as the statute of Indiana provided that want of religious belief should not affect the competency of the witness, but should only go to his credibility, that that removed the objection to the witness that would otherwise have existed, on account of his ignorance of the moral responsibility of the oath, apart from temporal punishment." So that it seems, from this decision, that ignorance on the part of a deaf-mute of the religious obligation of an oath would exclude him as a witness, except in states like Indiana and New York, where the religious test is abolished. The extent to which this religious test is sometimes carried may be judged from an English case decided in 1836. A woman was indicted for the murder of her husband ; their child, a girl of the age of eight years, was brought upon the stand as a witness. It appeared that, before the death of the deceased, the child had never heard of God, had never prayed, knew nothing of a future state of rewards and punishments, or of the nature of an oath ; but after that event, had been visited by clergymen, who instructed her as to the nature of an oath. When examined by the judge, she answered that she should go to hell if she told a lie, and that hell was under the kitchen grate ; but had no other intelligence as to religion or a future state. She was not allowed to testify.—*The King vs. Rachel Williams*, 7 Car. and Pay., 320.*

We have before referred to the case of *Morrison vs. Seward* (3 Carrington & Payne, p. 127), which is of interest, as giving the views of an English judge, as to the manner in which the evidence of a deaf-mute should be taken, when he is able to read and write. "In that case an apprentice was called as a witness. He had been born deaf and dumb, and an interpreter was sworn, who put questions to him by signs made with his fingers,† and was answered in the same mode. The interpreter said that he spelt every word to the witness completely. It appearing that the witness was able to write, Chief-Justice Best

* After the case just cited, the reader may not unprofitably consult an imaginary case, reported by Charles Dickens ; we refer to the rejection of the testimony of the boy, Jo, on the coroner's inquest.—*Bleak House*, chapter xi. We hope the time may come when, in other states as well as in Indiana and New York, technical objections to "competency" may be done away with, and all the evidence that a candid man would consider in making up his private opinion admitted for what it may be worth.

† Evidently by a manual alphabet.

observed, "I have been doubting whether, as the lad can write, we ought not to make him write his answers. We are bound to adopt the best mode. I should certainly receive the present mode of interpreting even in a capital case, but I think, when the witness can write, that is a more certain mode.

On this we observe that, where the witness can read and write perfectly well, the process prescribed by the French code—questions and answers in writing—is, undoubtedly, the best mode; but there are very various degrees of skill in written language among educated mutes; and the greater number of them understand written language more or less imperfectly. There are many deaf-mutes, whose knowledge of written language suffices for simple questions and answers on familiar subjects, who would yet be unable to comprehend, or would misapprehend, the wording of many of the questions that would be put before them in a court of justice; and, on the other hand, will fail clearly to express their own meaning in words. The safest way is to provide them with an interpreter capable of explaining what they do not understand when written, and of interpreting their meaning when their own skill in written language fails to render it truly.*

Whether a deaf-mute appears as a witness or as the accused person, some care and skill are requisite in conducting that preliminary examination in writing which is necessary to determine how far he is conversant with written language. If he answers some questions with evident intelligence, and distinctly intimates that he does not understand others, his examination may be cautiously proceeded with; though it would be better, if the questions he does not understand are of any importance, to wait for an interpreter. But if he either returns no answer to simple questions, or answers by merely copying the questions, or is found, by various trials (as by varying the phraseology of the questions),† to answer at random, or as if he only caught the meaning of one or two words in the question,—then an examination in writing would lead to nothing but mistakes and loss of time, if not to serious injustice to the prisoner through misapprehension, and an

* Since writing the above, we find our views confirmed in the case of the State of Connecticut vs. De Wolf, which will presently be cited in full.

† E. G., ask, "Is your father living?" and after awhile ask, "Is your father dead?" If he has not understood the questions, he will be apt to give contradictory answers. This is for such questions as only require a *yes* or *no*. With some other questions, as, "How old are you?" "What is your trade?" "How long has your father been dead?" etc., the answers will at once show whether the question was understood.

interpreter skilled in communicating with the deaf and dumb, or familiar with the particular dialect of this individual, become quite indispensable.

Hoffbauer, a German writer on medical jurisprudence, cites the case of one Brunning, an uneducated deaf-mute, who had killed a cutler, with whom he was traveling, and possessed himself of the cutler's shoes and effects.* Brunning could write a little—that is, he could write his own name, and could copy words placed before him. When asked, in writing, “What is your name?” he wrote, “J. Brunning;” but when asked, “Is this the place where you killed the cutler?” he merely copied the words. When asked, “Where is your money?” after studying the words attentively, he indicated, by expressive gestures, that it had been taken from his pockets by force, as, indeed, was done when he was arrested. He, probably, merely understood the word *money*, and that awakened his indignation at the manner in which he had been treated. Other questions were put before him, which, from his gestures, his examiners supposed he understood; but those who, with a better knowledge of the characteristics of deaf-mutes, read the account of the proceedings, will conclude that he merely guessed widely at the meaning from one or two words, or answered altogether at random. For instance, when the question was written before his eyes, “Who killed the cutler?” he again wrote his own name, “J. Brunning,” and, at the same time, pointed to himself—not, as we believe, intending to accuse himself of the murder, though his examiners so received it, but supposing that the question was an invitation to write his name. He had asserted (by signs) that the cutler had taken from him, while he slept, a box and money; and was asked, “whether the sack shown to him was the same he had taken from the man who had stolen from his pocket.” The examiners, and even Hoffbauer, in commenting on the case, supposed he understood the question, because, on being invited to take what belonged to him, he carefully examined the box, and separated his own effects from the rest; but Dr. Itard, of Paris, in a note on this passage, observes with reason, that no imperfectly educated deaf-mute could clearly understand a question thus complicated, and loaded with pronouns. Brunning merely followed his instinct in claiming the box, and separating his own effects from the rest, without having any idea of the precise scope of the question placed before

* This case occurred in December, 1764, in the duchy of Magdeburg.

him. We have cited this case as an illustration of the danger of mutual misunderstandings in an examination by writing of a deaf-mute who can only read and write very imperfectly.

It may sometimes happen that a deaf-mute criminal may, from a hope of escaping punishment, feign to know much less of writing than he does. He may be aware that ignorance, especially in his circumstances, excites compassion, and is held, in some measure, to excuse faults. In such cases Dr. Itard advises to accuse him of a crime much more serious than, and altogether different from that actually charged against him. If he can really read and write, his surprise and indignation will break out at the false charge in a manner to show what degree of skill in written language he actually possesses.*

We will close this branch of the subject by giving at length an important case, already referred to, the *State of Connecticut against De Wolf* (8 Conn. Rep., 93), as it relates not only to the manner of examining this class of witnesses, but includes other matters touching their characters and the nature and effect of their testimony. The prisoner De Wolf (a young physician) was indicted for an attempt to commit a rape upon the person of a deaf and dumb girl, named Celestia Bull,† on the 15th of June, 1828. She was sworn as a witness, and testified to the principal facts by signs, which were interpreted by William W. Turner, a teacher in (now the Principal of) the American Asylum for the Education of the Deaf and Dumb. The interpreter testified that Celestia had resided in the Asylum for five years;—that she was well acquainted with the language of signs, and capable of relating facts correctly in that manner;—that she could read and write, and communicate her ideas imperfectly by writing. It was objected, on the part of the prisoner, that she should not be allowed to testify by signs, but ought to give her testimony in her own words in writing; but the judge overruled the objection, and she was allowed to testify by signs. After the prisoner's counsel had cross-examined her in relation to the principal fact charged, and she had returned answers that went to discredit her testimony,‡ the public prosecutor, before any attempt was made to

* Note to Hoffbauer's *Médecine Légale*, Paris edition, 1827, p. 223.—Translation of M. Chambeyron.

† It may be proper to observe that Celestia was deaf from the age of two years, but that those who are deaf from so early an age do not differ appreciably from those deaf from birth.

‡ The questions on the cross-examination were put in signs through another teacher of the Asylum, Rev. Mr. Brinsmate, who had been induced to attend the trial on behalf of De Wolf.

discredit her otherwise than by such cross-examination, offered Polly Rowley as a witness to prove that Celestia had communicated to her the same story which she had related upon the trial. The prisoner's counsel objected, but their objection was overruled. Polly Rowley was then put upon the stand, and testified that, in the fall of 1829, Celestia had communicated to her, in writing, the substance of what she now testified to upon the trial, but that she, the witness, did not know where the writing was. The prisoner's counsel objected to this testimony, unless the writing was produced and read to the court, but the objection was overruled. The public prosecutor then offered to prove that the general character of Celestia for truth was good. The prisoner's counsel objected, but the testimony was received. "I think," said the presiding judge, "that, in prosecutions for rape, the general character of the witness who is the victim of the outrage may always be shown; but," said he, "without deciding this point, let us look for a moment at the condition of this woman. She may fitly be said to be a stranger in her own neighborhood. Unable to hear or speak, she is excluded from society, and can be known only to a few of her relations and companions in affliction. Had the outrage been sworn to by a stranger passing transiently through the state, it would certainly have been proper for the state's attorney to prove the character of the witness. I think, therefore, upon similar principles, that it was proper to support the character of this witness."

The prisoner's counsel then attempted to discredit the prosecutor's testimony, by showing that she had given different accounts of the transaction on oath and in writing;* and Celestia having sworn that she had concealed the transaction for more than a year, assigning as a reason for it the threats and influence of the prisoner, and her fear of him, the public prosecutor offered to show that the deaf and dumb have a sense of inferiority to other people, and that, as a class, they are easily intimidated;—that they are credulous, sincere, and submissive, and that this was the character of Celestia. The prisoner's counsel objected to the evidence, but the court admitted it. The prisoner having been convicted, an application was made to the Supreme Court for a new trial, on the grounds—1st, That the court below erred in allowing the witness, Celestia, to testify by signs; 2d, In allowing evidence of her written communication to Polly Rowley, without the production of the paper, or proof that it could not be found after diligent search;

* If this was so, it may have merely proceeded from her imperfect skill in written language.

3d, In receiving the testimony just referred to, as to the sense of inferiority felt by the deaf and dumb as a class, and their credulous and submissive character, &c.

In respect to the admissibility of this evidence, the court were divided : Justice Peters thought that the court below were right in receiving it, but Justice Dagget and the three other judges thought otherwise; Dagget, who delivered the opinion of the majority, saying that they thought this decision on the trial erroneous, as opening a door for inquiries interminable, and where, after all, no satisfactory result can be obtained. But, in respect to the examination of Celestia by signs, he said, the other judges concurring, it appeared she could communicate her ideas *imperfectly* by writing, but was capable of relating facts *correctly* by signs. The objection then, thus viewed, presents the absurdity, that the court erred in resorting to the most perfect mode of ascertaining the truth. The mode of examination adopted by the court was the next best to an oral examination, which, for many obvious reasons, is preferable to an examination in writing, but which could not be had in this case, from the condition of the witness. A new trial was ordered for the error of the court below, in receiving the testimony as to the contrast between the deaf and dumb and other people in matters referred to, and in allowing evidence of the content of the written paper without producing it, or showing that it could not be found after a diligent search.*

This case is an authority for assuming and declaring it to be the law, as it certainly is the dictate of reason, that, in the examination of a deaf and dumb witness, that mode is to be adopted which will enable the witness most accurately to convey his ideas—to which we would add, for the reasons already given, that, as a general rule (exceptions have been noted on previous pages), an examination by signs through a competent interpreter is preferable to any other mode.

In regard to the other questions raised on trial, there is room for difference of opinion. It appears to us that the rule of law which precludes parol evidence of the contents of a written paper, except upon proof that the paper is lost, should not be as stringently enforced in the case of conversations held by a deaf-mute in writing as in other cases. A deaf-mute who expressed her ideas, as was the case with Celestia, but imperfectly in writing, would, at the time of writing, explain and

* It is our impression that the prosecution was dropped. Miss B. has since married a deaf-mute.

enforce her meaning by accompanying looks and gestures. Hence the actual impression made by the communication at the time might be quite different from that which the mere writing would convey, especially to one not conversant in the peculiar idioms of the deaf and dumb. The writing would be but a part of the actual communication. In such a case, supposing that Polly and Celestia—as, from the circumstance of the former being a selected confidant, is a natural inference—were intimate, and understood each other perfectly, it is probable that the parol evidence of Polly would give a more correct idea of the purport of Celestia's communication than would be derived from a mere inspection of the writing itself, supposing it could be found; and it was probably a loose scrap of paper, thrown aside when the conversation ended. If, therefore (which, however, does not clearly appear from the report, but is very probable from the circumstances—Celestia's imperfect acquaintance with written language, and the delicate nature of her communication, not to be easily put wholly in words by one little skilled in written language)—if, therefore, the communication from Celestia to Polly was by writing in part, explained by looks and gestures, the very principle which required the examination of Celestia by signs, would consider the evidence of Polly as to the purport of the communication as of more weight than the writing itself; it would be, in the language of Justice Dagget, “the most perfect mode of ascertaining the truth” that the peculiar case would admit.

With regard to the alleged credulous, submissive, and timid character of the deaf and dumb, two distinct questions arise—the admissibility of such evidence, and the correctness of the opinion expressed by Mr. Turner. We will consider the last first, as it seems proper to inquire whether we have anything to prove, before we enter into a dispute about the introduction of our evidence.

We need hardly say that there are no peculiar traits of character inherent in the deaf and dumb, as such, merely as developments of some peculiarity of organization. What peculiarities they do display are the peculiarities of their circumstances. They are comparatively ignorant, from the greater difficulty of obtaining knowledge; and if they are credulous, it is because credulity is usually in proportion to ignorance. He who usually hears but one side of a story believes what he hears; he who hears all sides learns to doubt, and to weigh probabilities. The deaf and dumb must feel, in society, a sense of inferiority, which makes them dependent and submissive towards those in whom they have

confidence as guides. It is the same feeling that would make a blind man, in a crowd or in a strange locality, cling to the arm of a friend who enjoys eyesight. But where they think themselves acquainted with the ground, they are apt to display sufficient strength of will; indeed, willfulness is one of the most salient faults of a neglected or petted deaf-mute, as of other neglected or petted children. Timidity is, we think, not a trait of their character. A man who recoils from a haunted house may show as much courage as others who do not share that feeling, when there is real, visible danger to be met; and if deaf-mutes are liable to be intimidated, it is to be ascribed to their ignorance, exaggerating the power of him who attempts to intimidate them, and not foreseeing as readily as others would the means of defense.

It is obvious that for a deaf-mute the chances for forming a desirable marriage are much fewer than for her sisters and companions of equal, or even inferior, personal attractions, while the hope and desire of such an event is at least equally strong. Hence they are apt to interpret as serious, to encourage by receiving them with evident gratification, attentions which had no worthier motives than curiosity and compassion, and which are continued merely because the flirtation is agreeable. De Wolf, we have understood, won the confidence of Celestia by his readiness in learning to converse with her by the manual alphabet and signs. A deaf-mute, isolated in society, is peculiarly susceptible to attentions which at once flatter her vanity, increase her social enjoyments, and relieve the painful sense of inferiority to her speaking companions. He probably acquired an influence over her; and having in some moment of temptation gone farther than he wished to have known, it is very natural and probable that he should exert whatever influence her hopes, her fears, and her ignorance gave him to induce her to keep the transaction secret.

If the ignorance of the deaf and dumb, their imperfect appreciation of consequences, and the difficulty for them of finding sympathy and judicious advice in delicate circumstances have, as we believe, a tendency to induce want of moral strength in the way of appreciating and resenting such injuries as that in question, this should surely not make them the less worthy of or less needful of the protection of the law. It certainly appears to us that the rule of the law that makes so long a silence after such an outrage a presumption against the credibility of the witness, might be somewhat relaxed in circumstances like these. If it appeared that the injured woman was ignorant or doubtful of the

consequences of disclosure, feared injury to herself in character and feelings, or had no intimate friend to whom she could feel free to confide such a secret, or who was capable of urging those reasons that lead us to prosecute offences for the good of society, or for the abstract interests of justice—under such influences it does not appear to us that her silence should make against her credibility, if her statements are otherwise consistent and probable. If the deaf and dumb are entitled to sympathy and consideration on account of their misfortune, the ignorance and want of moral strength which are the natural result of that misfortune ought also to be considered.

We might extend our remarks on this point, had we such a report of the case as would show distinctly the *reasons* on which the admission of this evidence was pronounced an error. Since the ruling of the court below was supported by one out of five of the justices of the Supreme Court, there would appear to be some doubt on this matter; and it seems to us worthy of a fuller examination. We imagine the objections of De Wolf's counsel were taken under the impression that their client's cause was sufficiently prejudiced by the natural sympathy of a jury for a woman in her unhappy circumstances, and that the introduction of the evidence in question would augment that prejudice to a degree that might lessen his chance of a fair trial.

We will now proceed to the examination of the question how far deaf-mutes are responsible for their acts criminally, and will direct our inquiries first to the common law upon this subject, that being the law of this country and of England, where it has not been altered by statutory regulations.

By the mode of trial adopted under the common law, a man, when arraigned for a criminal offence, must answer whether he is guilty or not guilty: for, if he admits himself to be guilty, no trial is necessary, and judgment passes against him at once. Now, it is impossible for a mute to comply with this regulation: and hence, at a very early period in the history of the English law, it was found necessary to ascertain whether a person so arraigned stood mute from perverseness, or through the "visitation of God." This standing mute through perverseness was regarded as an offence to be punished with the greatest severity; because, as the law then stood, a person indicted for any offence under treason could not be convicted, unless he had pleaded, that is, admitted or denied his guilt: and without a conviction there could be no escheat or forfeiture of his lands. One accused of crime, therefore, who knew

that the evidence of his guilt was ample, and that conviction must inevitably follow upon his trial,* had a temptation to stand mute, as thereby his land would be preserved to his heirs, and not escheat to his lord or the crown. It was, therefore, the object of the law to extort from such persons a plea that would subject them at once to judgment, or put them upon their trial; and with that view, punishment more rigorous and cruel than the immediate infliction of death was resorted to, to compel an answer. The prisoner was remanded back to prison, and left to starve to death, unless he answered. This horrible punishment was in some degree mitigated by a statute of Edward I (3 *Edw.* i, c. 12), at least so as to lessen the duration of the prisoner's sufferings.† By the practice under that statute he was "put in a low, dark room, laid upon his back without any covering except for his privy parts, and as many weights were laid upon him as he could bear. On the first day, three morsels of the worst bread were given him; on the second day, three draughts of standing water;" and so on alternately, he was supplied with this quantity of bread one day, and of water the other, and kept in this condition till he died, or, as the judgment ran, until he answered. This most barbarous statute, though long fallen into disuse, was not repealed till the reign of George III, when it was enacted that persons willfully refusing to plead should be taken and deemed to have pleaded guilty. This barbarous punishment of the "*peine forté et dure*" was one of those relics of feudal abuses swept away in most of the American states soon after the Revolution.‡

There is, we have the satisfaction of believing, no reason to suppose that those deprived by nature of the power of speech were, through ignorance or judicial mistake, subjected to this terrible punishment; for it appears that as early as Henry III it was provided that, if the prisoner stood mute, the court should immediately summon a jury to try if he stood mute through obstinacy

* And we add one innocent of the crime charged, who knew that, from the power of his accusers, or the prejudice against him, he had no chance for a fair trial, as was the case with old Giles Cory, in the evil days of the Salem witchcraft, by a "barbarous usage," says the historian Bancroft, "never again followed in the colonies," he was pressed to death for refusing to plead.

† If a sentence to be racked to death can be considered a mitigation of one to be simply starved to death.

‡ It was enacted in New Jersey, in 1795, "That the law relative to the *peine forté et dure* shall be and hereby is abolished." (*Paterson*, 163.) Probably if any case had occurred in which it had been enforced, it would have been abolished sooner.

or by the "visitation of God;" and this was afterwards made obligatory upon the court by statute (8 Henry IV, 2). If the jury found that he remained mute from natural infirmity, a plea of not guilty was recorded, and it became the duty of the court to act as his counsel, and see that he had law and justice—a practice which has continued down to our own time.—See the case of the *Commonwealth of Massachusetts vs. Bradley* (1 *Mass. Rep.*, 103), where a prisoner, indicted for the murder of his wife, stood mute, and a jury was impaneled, who found that he did so "by the visitation of God." And see *The King vs. Pritchard*, 7. *Car. and Pay.*, 303; *The King vs. Dyson*, *ibid*, 305, *u. a.* In the State of New York this inquest by a jury is superseded by the provisions of the Revised Statutes (2, R. S., 730, § 70), that if a prisoner does not confess himself guilty, a plea of not guilty is recorded, and he is put on his trial.

What was done in the early days of the English law, where it was found that a prisoner stood mute by visitation of God, does not distinctly appear. Brooke, whose work was published in 1576, states the case of a man arraigned for felony in the reign of Edward III, who could neither speak nor hear, who was, therefore, remanded to prison. (*Brooke's La Grande Abridgment*, *Title Crown*, 107, 217.) The case mentioned by this writer is probably the one referred to in the *Year Books*, where, from the very brief report that is given (*Book of Assize*, xxvi, 27; 26 of Edw. III), it appears that Justice Skip informed his brethren that he had a case at the circuit, of a man indicted for murder, who could neither speak nor hear; and it would seem that the court did not know what to do in such a case. They finally concluded to remand the man back to prison, upon the statement of Justice Hill, that he had a case in which a man, who was mad, *furiosés enragé*, slew four men, and that he would not arraign him, but sent him back to prison, where he remained until the king pardoned him. Upon the authority of this case, Crompton, in his work on the authority and jurisdiction of courts (1594), expresses a doubt whether a man unable to speak or hear could be put upon his trial for a criminal offense, by reason of his inability to plead to the arraignment; and how the law stood in such cases, down to the reign of Charles II, we are unable to state. By the common law, no man can be held accountable, criminally, for his acts, who, from natural infirmity, is incapable of distinguishing between good and evil (2, *Hawkins' Pleas of the Crown*, 2; note 2, 1 *Hale*, 34); but the deaf and dumb, though they may be in this condition, are not

necessarily so as a consequence of their infirmity, and any positive rule of law founded on that presumption would be erroneous. Whether a deaf-mute is in this condition or not, is not a question of law, but a question of fact, to be ascertained in each particular case. In the celebrated work of Sir Matthew Hale upon the Pleas of the Crown, which did not appear till after his death in 1676, we find the law on this point stated more intelligibly and rationally than seems to have been the case before his time. "A man," says this great lawyer, "who is *surdus et mutus a nativitate*, is, in presumption of law, an idiot, the rather because he hath no possibility to understand what is forbidden to be done, or under what penalties. But if it appear that he hath the use of understanding, which many of that condition discover by signs to a very great measure, he may be tried, and suffer judgment and execution, though great caution is to be used therein." (1 *Hales P. C.* 34.) And the view thus taken of the law by this eminent judge was sustained in cases subsequently adjudged. The question came up directly for decision in a case which occurred at the Old Bailey, in 1773, before Mr. Justice Blackstone, the celebrated author of the Commentaries. A man named Jones was indicted for felony. Upon being put to the bar, he appeared to be deaf and dumb. A jury was accordingly empaneled, who found he was mute through the visitation of God; but it appearing that he was in the habit of communicating his ideas to a woman of the name of Fanny Lazarus, she was sworn and examined as to the fact of her being able to make the prisoner understand what she said; and it appearing that he was capable of receiving intelligence from her by means of signs, he was arraigned, put upon his trial, convicted and transported.—*The King vs. Jones*, 1 *Leach's Crown Cases*, 102.*

To the same effect was the decision in the case of Elizabeth Steele (1 *Leach's Crown Cases*, 451.) She was indicted for grand larceny, and standing mute, a jury was empaneled, who found that she was mute by the visitation of God. She was then remanded to prison, and the question was submitted to all the judges whether or not she could not be put upon her trial for the offense. The judges accordingly assembled to consider the case, and were of opinion that the verdict of mute by visitation of God was no bar to her being tried upon the indictment;

* Would there have been any remedy on the part of the prosecution, if the prisoner's intimate friends had refused to fulfill this unfriendly office of interpreter, thus aiding to procure the transportation, or possibly hanging, of their friend and relative?

for they declared that although a person *surdus et mutus a nativitate* is, in contemplation of law, incapable of guilt upon a presumption of idiotism, yet that presumption may be repelled by evidence of that capacity to understand by signs and tokens, which it is known that persons thus afflicted frequently possess to a very great extent; that great diligence and circumspection, however, ought to be exercised in so critical a case; and that, if all means to convey intelligence to the mind of such a person respecting the nature of the arraignment should prove ineffectual, the clerk might enter the plea of not guilty. It would then become the duty of the court to inquire of all those points of which the prisoner might take advantage, to examine all the proceedings with a critical eye, and to render to the prisoner every possible service consistent with the rules of law.

Upon this decision being given, the prisoner was again arraigned before Mr. Justice Heath; and when the clerk put the question to her whether she was guilty or not guilty, she answered, "You know I cannot hear." The judge, upon the supposition that she could hear, said, "Your case has been considered by all the judges, and they think, even though you cannot hear, that you should be tried on the indictment; it will, therefore, be in vain for you to elude arraignment by pretended deafness, for you will lose, by such pretense, the advantage of putting questions to the witnesses." But all endeavors proving ineffectual, a jury was [again] sworn to say if she stood mute by visitation of God, and having pronounced that she did, the same jury were then sworn in chief to try her, and the evidence being very clear, she was found guilty, and sentenced to transportation for seven years. It would seem, from the statement, that the woman, when asked, "Are you guilty or not guilty?" answered, "You know I cannot hear," that she had lost her hearing at so late an age as to retain the faculty of speech; yet, from the difficulty of communicating with her, we presume she could neither read writing, nor read on the lips. While the case of Jones shows that, under the common law, a deaf-mute from birth, yet not an idiot, may be arraigned and tried, if one can be found capable of communicating with him by signs, this case of Elizabeth Steele indicates, as we understand it, that even if there be no means of communicating to the deaf and illiterate prisoner, yet, if he appear capable of distinguishing between right and wrong, he may be tried, the court taking care that justice is done him; and if found guilty, is liable to the same punishment as one possessed of all his senses. We are

constrained to suppose that this woman must have been a notorious and inveterate offender, else the penalty inflicted, seven years' transportation for simple theft, seems unreasonably severe for one in her circumstances, to whom imprisonment or transportation, separating her from all with whom she could hold intercourse, must have been far more severe a punishment than for those not so afflicted. While, therefore, we cite these cases to show that it is the law in England and the United States that deaf-mutes are, when they evince an intelligence and ability to distinguish between right and wrong, responsible to the law criminally, and may be put upon trial, notwithstanding the difficulties presented by the forms of proceedings; we would urge that their unfortunate and peculiar circumstances should be taken into consideration, to secure mitigation, or even remission of punishment, so far as the one or the other may be judged consistent with the ultimate good of the unfortunate prisoner on the one hand, and of society on the other.

We recollect two or three cases occurring in New York and in New England, in which deaf-mutes were arraigned for criminal offenses, but have not the particulars. We will, however, cite, from Beck's Medical Jurisprudence, the case of Timothy Hill, indicted for larceny in Massachusetts. As in the English case of Jones, resort was had to an interpreter who understood his signs. One Nelson, an acquaintance of the prisoner, was sworn to interpret the indictment to him as it was read by the clerk, which he did "by making signs with his fingers," after which the court ordered the trial to proceed as on a plea of not guilty. The report of this case is too brief and defective to enable us to judge what degree of intelligence Hill possessed, or whether the "signs on the fingers" were gestures, words spelled by a manual alphabet, or a mixture of both.

The provisions of the common law respecting those who stand mute have been incorporated in the statutes of some of the States,—as, for instance, in Ohio and New Jersey,—without any provision for the case of the deaf and dumb. The statutes in question direct that where the prisoner is found to stand mute by visitation of God, he shall be remanded to prison, and not proceeded against till he shall have recovered. We presume, however, this provision would not be held to be applicable to the deaf and dumb, in whose case there can be no expectation of *recovering* the faculty of speech; and, therefore, the rule of the English common law, already stated, will remain in force, notwithstanding

the omission to provide for the case of the deaf and dumb in the statutes in question.

A more unsettled question under the common law is whether judgment of death can be pronounced against a deaf and dumb person when convicted of a capital offense. It seems to have been doubted, as they have not pleaded to the indictment, and can say nothing in arrest of judgment. (4 *Blackstone*, 324; 2 *Hale's P. C.*, 317.) Both Hale and Blackstone appear to have been in doubt upon the subject; and where such authorities have hesitated, an opinion is not to be expressed lightly. But it seems to us that if a man is held to be sufficiently accountable to be put upon his trial, and to be convicted of a capital offense, it follows, from the same reason of accountability, that he should suffer the punishment. If he is not responsible for what he has done, for want of capacity to distinguish between good and evil, right and wrong, he is not to be convicted. But if he is convicted, it is a finding on the part of the jury that he is accountable in a criminal sense; and if he is, there seems to be no reason why he should not suffer the punishment consequent upon his willful acts. It is declared by the conviction that he committed an act, the nature of which he comprehended as well as those who are possessed of the faculties of speech and of hearing; and if he is not to be punished for it, why convict him at all? If he cannot be punished because he is unable to hear, plead, or speak in arrest of judgment (things which, under an amended system of proceedings, he may do by his counsel), why put him upon his trial? Why not stop the proceedings at once, as was the case in the early state of the English law, when it is ascertained that he cannot hear what takes place, or speak for himself? Either the mere fact that he is deaf and dumb exempts him from all accountability to the law, whatever may be the degree of his intelligence or of his capacity, or it does not; and if it does not, but he is accountable by reason of his capacity to discriminate right from wrong, then, like any other human being, he must suffer the consequences of his willful act. The doubt entertained upon this subject springs out of the tenderness of the law toward the accused, where death follows conviction, and the strictness with which it insists on the due observance of every formality in such cases. The law provides that a prisoner, convicted of a capital offense, should be asked, before his doom is pronounced, if he has anything to say why final judgment—judgment of death—should not be rendered against him.

The reason given for this proceeding (*The King vs. Speke*, 3, *Salfield's Reports*, 358; 3 *Mod.*, 265) is, that he may have a pardon to plead, or because he has the right, at any time after the verdict, and before sentence, to move in arrest of judgment, if any ground exist for such motion—such a motion admitting all the proceedings upon the trial, but assuming or insisting that upon the face of the record itself the judgment which the court is about to pronounce would be erroneous. In addition to which, the practice is adhered to that the prisoner may have an opportunity to address the court in mitigation of his conduct, to desire their intercession with the pardoning power, or to cast himself on their mercy—appeals that are sometimes followed by a recommendation on the part of the court to the executive for a pardon, or commutation of the prisoner's punishment. But justice is not to fail because a deaf-mute, convicted as a responsible being, cannot make this appeal, or hear, or respond to the inquiry put to him. If he is able to converse by signs or by writing, the question may be put to him, and answered in that mode. But if he is not able to understand the question, even put in signs, it seems to result that punishment must still follow conviction, to the disregard of a form, compliance with which is impossible. It is not to be supposed that any deaf-mute person, wholly deprived of the power of communicating with any one, by signs or otherwise, shut out by Providence from all communication with his kind, would be convicted by any jury for a criminal act as a responsible being. A deaf-mute is, in presumption of law, an idiot, not punishable criminally for his acts, until it is shown that he is endowed with sufficient intelligence to enable him to discriminate between right and wrong; and the burden of showing this is upon those who prosecute him, or seek to bring him to justice. It is impossible to know this, unless there is some means of communicating with him, to ascertain what his ideas are, or the nature and degree of his intelligence; and if means exist for ascertaining that, sufficiently to satisfy a jury that he knew perfectly well what he did, and that he did it *animo felonico*—that is, with a willful or felonious intent, the same means can be employed for ascertaining his views upon the question put to him by the court, why judgment should not be pronounced against him. That is, the amount of evidence which would be sufficient to satisfy a jury that he had the requisite intelligence to make him accountable for his acts, would equally establish that he had sufficient capacity to understand the nature of this inquiry propounded by the court, and to avail himself of anything that

he might think would prove serviceable to him. (And it follows that if he evidently has not the capacity to do this, the jury should find that he had not the capacity to commit the crime charged.) It has been shown, moreover, that in all such cases it is made the especial duty of the court to do all for him that he might do for himself,—to examine all the proceedings with a critical eye,—to look for every point of which he might take advantage,—to proceed with the greatest circumspection, and in short, to render him every possible service, up to the very moment when judgment is rendered against him, that can be done consistently with the rules of law. There is little reason, therefore, to apprehend that any deaf-mute would be convicted and sentenced upon a capital charge, without having every advantage that any other prisoner would have upon a capital charge, except that important one of hearing, like ordinary persons, all that transpires on his trial,* and of addressing the court by the faculty of speech. If a deaf-mute has committed murder,—if he has taken life willfully, intentionally—that is, with what the law denominates malice aforethought,—he is not to escape the punishment with which the law visits the perpetrator of such a crime because he is deprived of the faculties of hearing and of speech. Everything is to be done for him, in the course of his trial, and up to the moment that sentence of death is passed upon him, that can possibly be done for a person laboring under such an infirmity; but he is not to escape the punishment due to his crime because a form cannot be gone through with on the part of the court which necessarily could only be intended to apply to cases where such a procedure was possible. If it is supposable that a deaf-mute would be convicted of a capital offense, the punishment of which was death, who could not be brought to comprehend the nature of the inquiry put before sentence, then all that can be said is, that his incapacity to comprehend would be no barrier to the right and duty of the court to pass sentence upon him. In every case the inquiry should be put and interpreted to the prisoner, and his answer, if any, interpreted to the court. If he cannot, or if he will not be made to understand it,—for want of comprehension would very naturally be assumed by a prisoner so situated, if he thought thereby that he could save his life,—then the duty of the court is to proceed and pass

* When we recollect how important is this privilege to the prisoner, of hearing the evidence against him, as, in many cases, he alone can give a clue to clear up circumstances that make against him, we would strongly insist that, where a deaf-mute is tried, all the leading points, at least, of the evidence and pleadings ought to be communicated to him, either by signs or by writing.

sentence upon him. If the court are of opinion that the jury were wrong in convicting him, they can defer sentence, unless restricted to pronounce it within a certain time, until the prisoner's case can be laid before the executive for pardon ; but if the executive will not interfere, the court must pronounce judgment, and order execution.

It follows from this reasoning, supplied to us by an eminent judge, that as the verdict of the jury, pronouncing the deaf-mute prisoner guilty of the crime charged, also pronounces that he had sufficient capacity to commit the crime, therefore, this question of capacity is one of the points they are to take into consideration. We would suggest, as a question worthy of the consideration of criminalists and jurists, whether, as the mind naturally revolts from inflicting the extreme punishment of death upon one already laboring under an affliction so worthy of compassion—whether a distinction cannot be made between the capacity to commit greater and less crimes ; whether it might not be adjudged, for instance, that a deaf-mute without instruction, who knows nothing of the divine, and very little of human laws against crime, but whose passions make him dangerous to society, may not be adjudged capable of committing murder in the *second*, but not in the *first* degree. We know of no case under English and American law in which a deaf-mute has been capitally convicted. In the few cases of a capital charge against such persons to be hereafter cited the proceedings were stayed on points of form. The provision of the French law which empowers the jury to return a verdict of “Guilty with extenuating circumstances,” of which we shall hereafter give instances, thus, by saving the life of the prisoner, reconciling conscience with compassion, appears to us more rational than the practice under our common law.

To make this view of criminal jurisprudence, as regards the deaf and dumb, as complete as possible, we will give an account of the views entertained in Germany, and of the law, as there established, respecting the legal responsibility of the deaf and dumb, translated from the work of Henke, one of the leading German writers on Medical Jurisprudence. (*Lehrbuch der Gerichtlichen Medecin, von Adolph Henke, Stuttgart, 1832, 7th edition. § 289, 290, 291.*) “As it must always be a question of doubt whether the deaf and dumb are responsible beings, where they have committed illegal acts, their mental condition should be ascertained, in most cases, through the instrumentality of teachers of the deaf and dumb, educated in private or public institutions, as this class of persons can

more readily and satisfactorily inquire into the facts than legal physicians,* as they are more familiar with the condition of such persons, with whom they come constantly into contact, or the teacher, at least, should be consulted by the legal physician. (§ 290.) Under the denomination of deaf and dumb are comprised not only the deaf who cannot speak, but those who have learned to speak more or less, and those who have lost their hearing too early to acquire language in the ordinary way. In consequence of the imperfection of their senses, the deaf and dumb must *invariably be deficient in regard to mental development and cultivation*, and are especially prone to violent passions, to sudden irruptions of temper, to irascibility, and are, in general, cunning, deceitful, unreliable, and are perversely prone to adhere to their purposes. (§ 291.) As respects their accountability to the law, the deaf and dumb are on a par with idiots and imbeciles, unless their natural infirmity and intractability of mind has been more or less removed by a good education while young. And even if their intelligence is cultivated, they always experience difficulty in understanding others and in making themselves understood.† In respect to their legal liability, or accountability for their acts, the following points should always be considered : 1, The degree of their mental infirmity ; 2, Whether the law violated could be understood by them ; 3, Whether the exciting cause of the act was different in their case from what it would be in the case of an ordinary person. All those questions, however, can be answered only after a careful investigation of the individual case.”‡

The question how far uneducated deaf-mutes are responsible to the criminal law for their acts, has often been argued, within the last thirty years, before the French courts. One of the earliest cases we have met is recorded in Bebian's Journal (1826). An officer, with two assistants, went to the house of a peasant near Rodey to serve an execution. While they were making an inventory of the movables they discovered the peasant at a distance, endeavoring to drive off a cow, which was the most valuable article of his property. He was instantly pursued, and

* In Germany, physicians, denominated *legal physicians*, are appointed by the government to inquire into and report upon medical questions connected with crimes.

† This view of an intelligent German writer we commend to those whose imaginations are taken by the German system of teaching deaf-mutes to speak, as more attractive than our own system.

‡ We shall hereafter give a case of the trial of a deaf-mute for murder, in Rhenish Prussia, in which it will be seen he was adjudged not responsible—precisely on what grounds, however, does not appear.

soon overtaken, knocked down, trampled on, and the cord by which he led the cow wrested from him. While one of the officers led the cow in triumph, and another dragged along its unfortunate master by the collar, the son of the latter, returning from his work in the field, saw at a distance the affray. This was a deaf-mute of about twenty years, tall and vigorous. Furious and indignant at the way he saw his father treated, he seized the first club at hand, fell upon the aggressors with a savage yell, and, after a very brief struggle, put all three to flight. Complaint was, of course, made against father and son for rebellion and violent resistance of the officers of the law. The deaf-mute, when brought before the tribunal, could not be made to comprehend that he had committed any offense. He supposed he was brought there in honor of his courage. When his late antagonists appeared in court, he was with difficulty withheld from attacking them, and endeavored to explain that he saw two robbers, who ought to be punished. Notwithstanding the grave nature of the offense, the task of his advocate was not difficult. All minds and hearts were already prepossessed in his favor; and the advocate had no difficulty in persuading the jury that this unfortunate youth was not amenable to laws of which he had and could have no knowledge,—that he had only fulfilled the most sacred of duties, and exercised the first of rights in defending his father and his property.*

In such a case as this there can hardly be two opinions. But though we can readily admit that an uneducated mute is not amenable to the artificial laws of society, we should still hold him amenable in cases where he violates rights in others which he shows himself so prompt to defend in his own case. The deaf-mute of Rodey showed a keen appreciation of the rights of property; and in uneducated deaf-mutes generally this sentiment of property is strong. They must, then, know that they do wrong to steal; and that they are conscious of this is farther proved by the fact that when they do steal, they steal with secrecy and contrivance, like other men. We cannot, therefore, by any means, approve of the defense set up in several cases in France for uneducated mutes accused of theft—namely, that an uneducated deaf-mute is not an accountable moral agent. The first class we have met with, in which this plea was advanced, is that of Nadau, also recorded in Bebian's Journal, p. 42. This uneducated deaf-mute was, in July, 1826, brought before

* *Journal de l'Instruction des Sourds-Muets et des Aveugles* (Paris, 1826), page 39.

the Court of Assizes of Paris for theft. He had already been more than once brought before the tribunal for similar offenses, and had suffered a year's imprisonment for theft. M. Paulmier, a distinguished teacher of the deaf and dumb, served as interpreter. The *avocat-général* remarked that, "The involuntary interest that attached to the accused ought not to make us forget the evidence of the culpability of the prisoner. It has been shown by the depositions of the witnesses, and by the examination of the prisoner through M. Paulmier, that he has very distinct notions of good and evil; that he hid himself to steal; that he hid himself to sell what he had stolen; and, finally, that he confessed with confusion the faults he had committed. Besides, if we suppose that deaf-mutes have not as precise moral ideas as other men, this Nadau had already been warned, by several judicial condemnations, that society punishes those who steal the goods of another. He farther asked the jury to observe how dangerous it would be to grant impunity to the accused. It would be to deprive the unfortunate deaf and dumb of the resources they find in labor; for no person would dare to employ them in his service, if it should be decided that the law is impotent to punish their faults.

M. Charles Ledru, who appeared on behalf of Nadau, rested his defense on the ground that a deaf-mute without instruction is not capable of a *délit*. He maintained that the idea of justice and injustice can only reach the intelligence by the aid of speech, or of words, resting especially on the authority of M. de Bonald, to whose philosophy he took pleasure in rendering public homage. Supposing that the accused could be held culpable after the law of nature, he asked if the civil law could be applied to a man who could never have known it. He concluded by saying that society could not complain of offenses committed against her by an unfortunate whom she had abandoned to himself in the midst of a world which is to him an inexplicable mystery. Instead of imprisoning the uneducated deaf and dumb, would it not be better to instruct them? This reasoning made such an impression on the jury that Nadau was acquitted, after a short deliberation.

This doctrine, that the idea of justice or injustice, or any other moral or religious idea, can only reach the mind by means of words, is, we need hardly say, utterly false and groundless. If such were the case, we should, of necessity, despair that our deaf-mute pupils could ever attain such ideas. What knowledge of words they possess is, in most cases, acquired through explanations by gestures; and in all cases, ges-

tures form the readiest means of explaining words to them. It is absurd, then, to imagine that words, whose meaning they have learned only through gestures, can convey to them ideas for the expression of which gestures are inadequate.

But, though we utterly repudiate the philosophy which makes the possession of a moral and religious sense depend on the possession of a *verbal* language, we fully admit that, with the uneducated deaf and dumb, the intellectual and moral faculties labor under great difficulties and disadvantages as to their development. Some of this class of persons are hardly superior to idiots, and from this low point their intelligence and moral sense vary over an extended scale, up to nearly or quite the average of ignorant persons generally, who are not deaf and dumb. Common sense teaches us that where a deaf-mute commits a wrong, knowing that it is a wrong, or, at least, knowing that such acts are punished when detected, he should be punished, without regard to metaphysical speculations as to his exact moral state. But his unfortunate condition may with justice be urged in mitigation of the punishment, and this rational view is the one now prevailing in France. Several instances are recorded in which, as in the case of Nadau, deaf-mutes have been acquitted by juries in consideration of this supposed want of moral accountability; but in other later instances the verdict has been so framed as only to secure a mitigation of the punishment.

M. Edouard Morel, a very eminent French teacher, commenting on one of those cases in which the plea of want of moral accountability had been set up, justly observes :

“Unless he be an idiot, every deaf-mute who, after having committed a theft, is brought before the tribunals, knows that he has done wrong; and the advocate who is called on to defend him, places himself on a false ground, when, to obtain an acquittal, he sustains that, deprived of hearing and speech, his client is incapable of attaining moral ideas, and ought not, in consequence, to be responsible for his actions.

“If such a doctrine should come to be prevalent, and to be the foundation of our criminal jurisprudence, it might involve the most disastrous consequences for society. Men accustomed to crime would seek, perhaps, for accomplices among uneducated mutes, and would find in them instruments so much the more docile that they would be assured in advance of their impunity.

“If I had to defend a deaf-mute before the courts, I would carefully abstain from advancing a plea that, in order to save a guilty person, would slander the dignity of human nature, by pronouncing a sentence of incapacity against all the deaf and dumb who remain faithful to their duties. I would not fear to avow the fault of my client, but I would throw off the responsibility on society itself, which, by a cruel heedlessness, has left to vegetate in its bosom a whole

class of its members, exposed without defense to every temptation of passion, to every solicitation of vice. Without doubt, a deaf-mute is culpable when he commits a bad action; but would it be just to treat him according to the rigor of the law? Can the axiom, *The law is held to be known to all*, be applied to a being who is absolutely incapable of knowing the law?"*

We may add that the deaf and dumb themselves, who must know what their own views and feelings were before instruction, warmly and indignantly reject and repudiate the plea of moral incapacity set up for their uneducated brethren. And we believe that it has been generally abandoned. The more rational plea, that makes the misfortune of the deaf-mute criminal an extenuation of his faults, has, however, often been urged with deserved success. For instance, a deaf-mute, who was accused of grand larceny, with the aggravating circumstances of night, and breaking a lock, was, on account of his infirmity, found guilty of the larceny simply, without mention of the aggravating circumstances, thus securing a much milder punishment.†

The favor of courts and jurists may also be justly invoked for a deaf person in cases where he has acted under erroneous impressions natural to one in his circumstances. Deaf-mutes, and deaf persons who are not quite dumb, are often suspicious and irritable, from their inability to hear and take part in what is going on around them. They sometimes take as intentional annoyance and insult, gestures or practical jests, unskillfully made, which were merely intended as friendly pleasantry. Piroux records the case of Jean-Baptist Villemin, a deaf-mute of 29 years, very imperfectly educated, and of feeble capacity. Placed by the wealth of his family above the necessity of manual labor, and incapable of intellectual labor, he fell into dissolute habits, wandering idle about the fields and frequenting public-houses. One night, in a tavern, he met a man named Marchand, who attempted to amuse himself and the company by making signs to the deaf-mute which the latter did not understand. Villemin indicated by a gesture that he desired to be let alone; but Marchand continued to annoy him, seizing his head, making a bite at his nose, and brandishing round his head a cane, which he then held in the attitude of firing a gun, saying to the company that he wished to invite Villemin to go a hunting. Villemin naturally lost

* Piroux' Journal, i. 21, taken from *La Gazette des Tribunaux*, 13th Dec., 1838.

† Piroux' Journal, ii, 151, Case of Collet, who robbed another deaf-mute. The defense was that Collett, who had received some education, might have the conscience of a bad action, but not of the aggravating circumstances.

his patience; unable to understand what was meant by Marchand, or to express his own sentiments, except by actions, he seized the aggressor, flung him on the floor, and gave him a kick on the head. Marchand was only slightly hurt. The company declared, and he admitted, that he was himself to blame; and he said he harbored no ill-will to Villemin for what had passed. Returning home, a distance of several leagues on foot, he fell sick and died of a disease of the chest, which his family chose to ascribe to the blows which he had received from Villemin—which, however, was disproved by the medical witnesses. The deaf-mute was, in the first instance, sentenced to two months' imprisonment; but, on an appeal to the *Cour Royale* of Nancy, in consideration of the unfortunate condition of Villemin, and of the brutal and inconsiderate conduct of Marchand, the term was reduced to six days.*

Other cases may easily be supposed in which a deaf person may be led to violent conduct by his inability to hear, and to understand what is meant by others. An impatient man, for instance, requests a deaf-mute to get out of his way, and, not knowing that the latter could not hear his request, attempts to shove him aside, thus provoking a manual retort. A deaf-mute may also erroneously conceive himself wronged in making change, or in price, weight, or measure, and break out into violence. In such cases, we are confident, there are very few who would undertake a prosecution for violence by a deaf-mute, after becoming aware of his peculiar circumstances.

The disposition of courts and juries to mitigate the punishment of an uneducated deaf-mute criminal has been shown in France and Germany in several cases of murder, some of them of an aggravated character; for it is notorious that deaf-mutes who have grown to maturity without instruction are too often passionate and vindictive. Bebian relates the case of Pierre Sauron, an uneducated deaf-mute of the department of Cantal, who had formed an illicit connection with the daughter of a neighbor. The father, scandalized by such a connection with a dumb man, undertook to put a stop to it by sending his daughter out of the country. For this Sauron manifested the most implacable resentment, and finally waylaid and murdered him. The sentence was hard labor for life: for the like crime one not deaf and dumb would have been sent to the guillotine. When the sentence was explained to the deaf-mute, he declared he would rather be put to death.

* Piroux' Journal, i, 46, 59.

Another case we find thus related in the Ninth Report of the Deaf and Dumb Institution of Hamburgh, Germany.

“At Cologne, on the 14th and 15th of August, 1829, the royal Court of Assizes was occupied by an accusation against a deaf and dumb journeyman shoemaker, Johann Schmit, of Kreuznach, who, enraged at being upbraided for the defects of his work, had stabbed his master with a knife. The principal question discussed was whether the early instruction and moral and intellectual state of the deaf-mute made for or against his accountability. The jury found that the unfortunate murderer was not accountable; and he was therefore acquitted of the charge, and dismissed free into the street. This (adds the editor of the Hamburgh Report), it is to be hoped, was not without that solicitude that might secure a better education to the unfortunate man, then twenty-three years old, and sufficient precautions lest he should become possessed with the idea that he could do such acts with impunity.”

A much more aggravated case than either of the foregoing was that of Michael Boyer, an uneducated and vagabond deaf-mute, of about twenty-seven or twenty-eight years, who was brought before the Court of Assizes of Cantal (France), under the triple charge of rape, murder, and robbery, committed on a girl of 11 years, whom he met in a lonely place, on Christmas-day, 1843, on her way to the residence of an aunt in a distant village, with whom she was to spend the winter in order to attend school. Boyer was proved to have pursued other females with evident intentions of violence, and had been, some years before, condemned to three years' imprisonment for theft. The evidence, though circumstantial, was conclusive. It is not to our purpose to detail it. We observe, however, that the prisoner, being interrogated through M. Riviere, director of the school for the deaf and dumb at Rodey, denied, energetically, the principal facts imputed to him, and succeeded in making it understood that he maintained that the blood observed on his garments came from a wound in the head, occasioned by a fall while in liquor. What plea was by his counsel set up in defense we are not informed. The jury found him guilty of the triple charge, but admitted extenuating circumstances—a verdict the effect of which was to save the prisoner's life. He was condemned to hard labor for life, and to the *exposition publique* (pillory, or stocks).* It should be observed that the only extenuating circum-

* Morel's *Annales*, ii, 166-170.

stances that appear in the narrative of this fearful crime were the total deprivation of instruction, and neglected, vagabond state of the criminal.

A similar verdict and sentence were given in the case of the deaf-mute Emmanuelli, of Corsica, who had waylaid and murdered the two sisters Ristori, provoked to frenzy by the obstinate refusal of one of them to listen to his prolonged suit. He had, some years before, killed her brother in a quarrel on the same account; and it being considered that he had acted with great provocation, was only condemned to five years' imprisonment—a lenity which the commission of the second, and far more aggravated murder showed to have been misplaced.*

The details of another French case of murder by an uneducated mute, Louis Chavanon, may be read in Beck's *Medical Jurisprudence*. This deaf-mute was of such a covetous and grasping disposition that he harbored the most violent enmity against any one who purchased property of his father. The deceased, Treille, having become possessed, by purchase, of half of the house in which Chavanon lived, the latter, after repeated menaces in gestures, meeting him on the common stairs, an affray ensued which ended in the death of the unfortunate Treille. The sentence was ten years' imprisonment and a fine of one thousand francs to the widow and children of Treille.

Another deplorable instance of the ungovernable passions of too many uneducated mutes is furnished by the case of Pierre Lafond, who, having been repeatedly detected in thefts of the property of his uncle and aunt, by whom he had been adopted and brought up, his aunt was at length provoked to the degree of following and reproaching him in the presence of a young neighbor, of whom Lafond was enamored. Watching an opportunity to execute the vengeance that rankled in his heart, he availed himself of the absence of his uncle to attack his aunt at night, in her bed, with several of the shoe-knives used by him in his trade. Her daughters, coming to her assistance, were also grievously wounded, but, providentially, none of the victims were mortally touched. Taken, a day or two afterwards, wandering in the fields, Lafond alleged, by the aid of an interpreter conversant with his signs, that he committed the act under the influence of a sudden fright and hallucination. However, neither this adroit defense nor his unfortunate position could make the jury forget the aggravating circumstances of the case. He was found guilty, and condemned to ten years at hard labor.†

* Piroux' *Journal*, iv, 144.

† *Ibid*, i, 56.

In the several French cases that have been cited (and we might have cited other similar cases from Bebian's, Piroux', and Morel's Journals), no difficulty appears to have been experienced in relation to the formalities of a trial; the questions that were raised related to the degree of moral accountability of the deaf and dumb. But the few English and Scotch cases we have are mostly of a different character. In these cases the defense set up for deaf-mutes accused of crime has generally turned on legal forms and technicalities. As this paper has already extended to an unexpected length, and as the cases to which we refer can be consulted at large in standard works, we shall restrict ourselves to brief outlines.

In July, 1817,* Jean Campbell, an uneducated deaf and dumb woman, the mother of three children by three different fathers, was charged before the Court of Justiciary in Edinburgh with murdering her child by throwing it over the old bridge at Glasgow. Mr. Robert Kinniburgh, an eminent teacher of the deaf and dumb, was called in as an expert. He understood, from her signs, that she maintained that, having the child at her back, held up by her cloak which she held across her breast with her hands, and being partially intoxicated, she had loosened her hold to see to the safety of some money in her bosom, thus allowing the child to fall over the parapet of the bridge, against which she was resting. She indignantly denied having intended to throw it in the river.

"Mr. Kinniburgh being asked whether he thought she could understand the question, whether she was guilty or not guilty of the crime of which she was accused, answered, that in the way in which he put the question, asking her by signs whether she threw the child over the bridge or not, he thought she could plead not guilty by signs, and this is the only way in which he could so put the question to her; but that he had no idea, abstractly speaking, that she knew what a trial was, but that she knew she was brought into court about her child.

"John Wood, Esq., auditor of excise (who is deaf and partially dumb), gave in a written statement upon oath, mentioning that he had visited the prisoner in prison, and was of opinion that she was altogether incapable of pleading guilty or not guilty; that she stated the circumstances by signs, in the same manner she had done to the court, when questioned before the court by Mr. Kinniburgh, and seemed to be sensible that punishment would follow the commission of a crime.

* Beck gives this date 1807, which is a manifest error, as Mr. Kinniburgh, of the Edinburgh Institution for the Deaf and Dumb, which was first opened in 1810, was called in the case, and referred to it in his report for 1815.

“The court were unanimously of opinion that this novel and important question, of which no precedent appeared in the law of this country [Scotland], deserves grave consideration, and every information that the counsel on each side could procure and furnish.”

“At a subsequent period the judges delivered their opinion as follows :

“Lord Hermand was of opinion that the panel (prisoner) was not a fit object of trial. She was deaf and dumb from her infancy ; had had no instruction whatever ; was unable to give information to her counsel, to communicate the names of her exculpatory witnesses, if she had any, and was unable to plead to the indictment in any way whatever, except by certain signs which he considered no pleading whatever.”

The four other judges, however, overruled this opinion, referring especially to a case (already mentioned in a former part of this paper) that had occurred in England, in 1773, in which one Jones, who had stolen five guineas, appearing to be deaf and dumb, and being found by the jury empaneled on that point to be mute “from the visitation of God,” was arraigned by the means of a woman accustomed to converse with him by signs, found guilty, and transported. And it was also observed that it might be for the prisoner’s own good to have a trial ; for if the jury found that her declaration, that she did not intend to throw her child in the river, was true, she would be acquitted and set free ; whereas, if not found capable of being tried for a crime, she must be confined for life. The woman Campbell was accordingly placed at the bar, and when the question was put, Guilty or not ? “her counsel, Mr. McNeil, rose, and stated that he could not allow his client to plead to the indictment, until it was explained to her that she was at liberty to plead guilty or not. Upon it being found that this could not be done, the case was dropped, and she was dismissed from the bar *simpliciter*. Thus, though it is established that a deaf-mute is *doli capax*, no means have yet been discovered of bringing him to trial.”

Certainly the system of laws in Scotland must be defective, under which important leading cases are decided, not on broad, general principles, but on mere formalities and technicalities.

Beck cites two similar English cases, in each of which a deaf and dumb woman was arraigned for the murder of her illegitimate child ; and both being found, on matters of form, not capable of taking a trial, were ordered to be confined in prison during the king’s pleasure. The difficulty, in the first of these cases (that of Esther Dyson, at York

Assizes, 1831) was, that her interpreter could not make her understand what was meant, when asked if she desired to challenge any of the jurors. We should suppose her counsel could have done that far better than she, even if more intelligent than she was, could have done it for herself. She was pronounced not of sound mind—that is, with regard to the ability to conduct her own defense with discretion. Probably compassion had as much to do with this decision as reason.

From the facts and reasonings presented in the course of this paper we deduce the following general principles, for which we have obtained the sanction of some eminent members of the legal profession, and which are respectfully submitted as being consonant to reason, and hence to law, according to the famous dictum that law is the perfection of reason.

As a knowledge of words is not necessary to moral and mental development, a deaf-mute who cannot read or write is not *necessarily* more ignorant in matters that can fall under his personal observation, or that form the usual topics of conversation in signs between him and his acquaintances, than illiterate persons who are not deaf and dumb. Hence a deaf-mute who has no knowledge whatever of written language, may yet, if his dialect of gestures is sufficiently copious and precise, possess the intelligence necessary to manage his own affairs, to make all civil contracts, to execute a deed or a will, or to give evidence in a court of justice—proper precautions being taken that the interpreters who accompany him before the attesting notary or magistrate are faithful, competent and disinterested.

But as the degree of intelligence and of moral development in uneducated mutes is very various, some who have been neglected in infancy being but a step above idiots, they should be carefully examined to ascertain whether they really possess the necessary degree of knowledge and intelligent will. And where any doubt may exist, it is advisable that teachers of the deaf and dumb should be called in, as being more able to appreciate such cases than any other persons, and usually more expert in conveying ideas by pantomime than even the friends of an uneducated mute usually are.*

* The late excellent T. H. Gallaudet, in an article in the *American Annals of the Deaf and Dumb*, "*On the Natural Language of Signs*" (vol. i, p. 57), states the following fact: "The writer of this article, some years ago, was requested, with a fellow-laborer of his at the time in the American Asylum, to visit a deaf-mute in a neighboring town, about eighty years of age, possessed of some property, and desirous of making a will. He could not read, nor write, nor use the manual alphabet. He had no way of communicating

Cases, however, as have been seen, occur in which the deaf-mute has formed, with some intimate companion, a peculiar dialect, not to be understood by others. Here some person who is conversant with the dialect used by the deaf-mute will be the best interpreter. This is more especially the case with those deaf-mutes who retain an imperfect remnant of speech, and endeavor to understand what is said to them by the motions of the lips, aided by peculiar grimaces.

With respect to the formalities used, it may be laid down as a general rule that the deaf-mute who can read and write but imperfectly, or not at all, should be regarded as in the position of a German or Frenchman, whose ignorance of our language necessitates the employment of a sworn interpreter between him and the court.

But where the deaf-mute can read and write well, the best mode is that prescribed in the French code. In the case of such, reading supplies hearing, and writing supplies speech. Hence it follows that a paper presented to a well-instructed deaf person, calling his attention, by pointing with the finger, to the writing, should be considered as read to him—it being understood, of course, that there should be sufficient light, and sufficient legibility of writing. We think, however, it ought to be specially enacted that a legal service, in the cases of *such* persons, should consist in giving them a copy of the writ or notice to be served, informing them by writing of its nature or contents; and in the case of deaf-mutes, who cannot read, or but imperfectly, the reading may be accomplished by the aid of a competent interpreter. Any legal oath or obligation may be taken or assumed by a well-instructed deaf person, by writing out with his own hand the formula before witnesses, with such forms of solemnity as the occasion may demand; or by a conversation in writing with the officiating magistrate.

It should, however, be generally understood that many of the deaf and dumb who have received more or less instruction in our schools, are still but imperfectly acquainted with written language, and that

his ideas but by natural signs. By means of such signs, exhibiting a good deal of ingenuity on the part of the old man, myself and companion were able to understand definitely the disposition which he wished to make of his property among his relatives and friends, and thus enable him to carry his views into effect under the sanction of the law."

In cases of a criminal charge, the nearest friends of the deaf-mute accused would hardly be reliable interpreters. In England, some years ago, a deaf-mute, named Hewitt, was charged with murder. His father attended his examination as interpreter, but the coroner's jury thinking he did not interpret some very expressive gestures of the deaf-mute, adjourned to procure another and more disinterested interpreter.—*Piroux' Journal*, v, 18.

signs are the surest and readiest means of reaching their conscience and intelligence—the surest means, also, that they possess for explaining their own meaning clearly.

With respect to civil rights, the deaf-mute possesses all the rights of his fellow-citizens whose situation, deaf-mutism aside, is the same as his own. Imbecility, insanity, and in some cases even extreme ignorance, may disqualify him from making contracts, and necessitate the appointment of guardians; but not mere inability to write and read, if he evinces, by means of signs, the requisite intelligence.

And before the criminal as well as before the civil law, the deaf-mute has the same rights, and is subject to the same accountability as his brother who hears and speaks. We trust no attempts will be made by unscrupulous pleaders, or, if made, will be successful, to deprive him of the right to bear witness against those who have wronged him. On the other hand, while we ardently desire to see all the deaf and dumb reach that degree of moral improvement which shall preserve them from crime, yet, when they do come before the criminal tribunals, we do not wish to see them screened from deserved punishment by mere technicalities, or by arguments of want of moral accountability in the deaf and dumb generally. The ignorance and neglected condition of an uneducated deaf-mute may, however, be justly urged in extenuation of his faults, as an appeal to the compassion of the court, or of the pardoning power. And cases may occur in which a deaf person has acted under erroneous impressions, natural in his circumstances—as, for instance, in resisting legal process, believing it to be unlawful violence. In such cases there is evidently no more accountability than in cases of hallucination.

And as it is of great importance to every man whose interests, liberty, or life are at stake in a court of law, to know, as they transpire, the proceedings and evidence against him, we think it ought to be made a rule that in all such cases an interpreter should be assigned to the deaf-mute, who will keep him advised of at least all the important points in the proceedings, by writing, or by the manual alphabet and signs, according as the one mode or the other is the more clearly intelligible to the prisoner.

REPORTS OF BRITISH ASYLUMS.*

THE present condition of the insane, and the state of psychological medicine in England, have received less attention among us than they deserve, when we consider the large number who are provided for in public institutions in that country, and the vast fund of experience which is constantly accumulating as the result of their care and observation, by a larger corps of intelligent and accomplished physicians than are engaged in this specialty in any other country. The readers of this Journal are, no doubt, generally aware that the study of insanity is prosecuted under very different circumstances in the British Islands from those which prevail in this country. Under the stimulus of government patronage, and perhaps as its direct consequence, a state of public feeling has grown up there in regard to the management of the insane which exists nowhere else. We allude, of course, to the general sentiment in regard to the use of mechanical restraint; and as this is a subject that cannot be devoid of interest on this side of the water, we propose, in the notices which follow, to keep it specially in view. There are also points of resemblance as well as of difference, in the circumstances of the insane of the two countries, which it will be instructive to examine, and which will receive a share of attention.

It is a remarkable fact, and one which ought to engage the serious attention of legislators in this country, that, notwithstanding the great increase of accommodations for the insane, the institutions in England are still insufficient to supply the demands upon them. The report of the General Asylum, near Nottingham, says: "In February last we reported to you that fifty-nine of the patients were chronic, harmless ones, who might safely be removed to work-houses in which there

* I. *Forty-fifth Annual Report of the state of the General Lunatic Asylum near Nottingham.* Presented at the Annual Meeting of the Asylum, on Wednesday, January 30th, 1856.

II. *The Thirty-Seventh Annual Report of the Visitors of the Staffordshire Lunatic Asylum,* for the year ending December 31st, 1855.

III. *Eighth Report of the Somerset County Pauper Lunatic Asylum, from 1st January to the end of the year 1855.* By Robert Boyd, M. D., Superintendent.

IV. *The Third Annual Report of the Lincolnshire County Lunatic Asylum at Bracebridge, near Lincoln,* 1856.

V. *Tenth Annual Report of the Devon Lunatic Asylum,* 1855.

existed separate wards for the care of lunatics; of this number ten were taken to the Nottingham work-house, and one to the Loughborough work-house. The relative numbers reported were forty-three belonging to the county, and sixteen belonging to the town. At present the Asylum, as regards county paupers, is virtually full."

In regard to the use of mechanical restraint, the physicians, Dr. John C. Williams and William Philimore Stiff, say: "We need scarcely repeat that our system of treatment, in respect of personal or mechanical restraint, is upon what is called the non-restraint system. But we have had two exceptional cases in the past year, and we think we should not have performed our own duty, nor have treated our patients with humanity, skill or safety, if we had not for short periods—viz., while giving food, during the night, and sometimes during exercise—used the camisole, which is merely a dress to limit the use of the hands. One of these patients was homicidal, violent, dangerous, and greatly destructive, during the prevalence of his paroxysms; and the other had not taken food for forty hours when admitted, and had attempted suicide by drowning." In regard to these cases the Commissioners in Lunacy, at a subsequent visit to the Asylum, make the following suggestions: "Efforts should be made to render the use of mechanical restraints unnecessary, by affording to the patients more extended means of exercise beyond the limits of the Asylum." In defense of the course pursued the physicians say, and we think properly, that in their judgment it was quite out of the question to take a patient, in such a case as described, for exercise beyond the bounds of the Asylum. "If we thought it necessary to give any authority for this exceptional case of the temporary use of the camisole as a mechanical restraint, we should find it in the eighth report of the Commissioners in Lunacy (p. 138), in which Mr. Wilkes, the late resident medical officer of the Stafford Asylum, and recently appointed a Medical Commissioner in Lunacy, writes: "With every disposition to advocate the disuse of restraints to the utmost extent, I am compelled to admit that the result of my experience in this Asylum, up to the present time, leads me to the conclusion that cases may occur in which its temporary employment may be both necessary and justifiable."

The following extract will show the sentiments of the writers on an important point in the treatment of the insane.

"Some persons, who have theories of their own to support, or who are not really acquainted with the indications and treatment of this im-

portant disease, have expressed an opinion that insanity is not amenable to medical treatment, or that such treatment is a mere secondary matter. If this opinion were to gain ground, it would soon become a fatal error; it would check alike all science, research, and improvement; it would degenerate our public asylums into a system of management of mere routine, work, diet, and exercise, forgetful of the labors and observations of past experience, and the necessity for the continuance of these observations of the effect of remedies whilst living, and of the morbid appearances after death; and it would throw back psychological medicine into a darker system of ignorance and barbarity than when the enlightened Pinel, in France, and after him Conolly, in this country, first awakened the skill of the physician and the heart of the philanthropist to the advantage of a scientific as well as humane treatment of the insane."

The following table shows the general results for the year :

	Males.	Females.	Total.
Patients remaining, Dec. 31st, 1854.....	118	117	235
“ admitted during 1855	36	30	66
Total treated.....	154	147	301
Discharged recovered	15	8	23
“ relieved.....	1	8	9
“ not improved	2	2	4
Dead	11	13	24
Harmless, chronic.....	5	6	11
	34	37	71
Remaining, Dec. 31st, 1855.....	120	110	230

The Report of the chairman of the Board of Visitors of the Stafford Asylum alludes to the merited honor conferred on Mr. Wilkes, the medical superintendent of the institution, by his appointment as a member of the Commission in Lunacy, and to the appointment, as his successor, of Dr. Bower, the assistant medical officer of the Asylum. In regard to the removal of patients to the union work-houses, Dr. Bower says : “ In a few instances, when the disease has subsided into a chronic and harmless stage, the patients have been removed, by the wish of the parish guardians, to the union houses; but the results of such removals have not justified the step, and in two instances within the last few months, either for want of the comforts they had been accustomed to here, or from some other cause, the patients rapidly died after admission to the work-houses.”

On the subject of restraint we find the following : “ *The total absence of all coercion*, and the undeviating system of kindness and conciliation pursued for some years past in this Asylum, and, indeed, in most others of recent date, have fully justified the benevolent efforts of those philanthropists who introduced these important considerations into the treatment of the insane. At times, temporary seclusion from the other patients during paroxysms of excitement may be not only necessary but even highly beneficial; still, great would be the responsibility, and severe the blame, due to any one who, having witnessed the effects of the present humane system, should resort, even in a single case, to the former debasing and unnecessary use of cruelty and restraint.” We wish to call special attention to the above passage, as indicative rather of the untempered zeal of the neophyte than of the settled conviction of one who is governed by the motto, “*Try all things ; hold fast to that which is good.*” Such truisms as are contained in the concluding portion of the sentence may serve to please the fancy of those who may have adopted a foregone conclusion, but we cannot perceive how they can influence, beneficially at least, the opinions of that very respectable portion of the profession who differ with the writer on the subject of non-restraint.

	Males.	Females.	Total.
Patients in the Asylum, Dec. 31st, 1854...	198	186	384
Admitted during the year 1855.....	98	76	174
	296	262	558
Discharged recovered.....	41	50	91
“ relieved.....	6	4	10
Died	30	21	51
	77	75	152
Remaining	219	187	406

The Report of the Somerset County Asylum for the year 1855 is divided into two parts; the first devoted to those portions of the Asylum management which are interesting to the general reader, and which are proper to be communicated, with the endorsement of a Board of Visitors, for the information of the public. It has always appeared to us that this is the legitimate object of an annual report, and that, in carrying it out, matters of science were less requisite to be treated of than those topics connected with the administration of the affairs of the institution in which the unprofessional reader is more specially interested. This, it would seem, is the view taken by Dr. Boyd, and

he has accordingly given us this portion of the subject in the first part of his report, which contains the usual information respecting the employment of the patients, the improvements that have been made, and the number of admissions, discharges, recoveries, deaths, etc., during the year.

On the subject of provision for the insane we find the following :

“Notwithstanding that public asylums afford every facility for the care and treatment of the insane, still the mortality is high, because many of the cases admitted are in the last stage of bodily disease, and are not sent until their management has become difficult or expensive at home. The removal of aged or chronic cases from work-houses, when they become troublesome, is of common occurrence. Some remedy should speedily be found for this evil, as asylums are becoming crowded with such cases, to the exclusion of those that are recent and probably curable.

“The present inadequate provision made by law for the sick poor renders the Visitors of asylums unwilling to discharge chronic cases. So long as the sick poor are under the sole control of persons annually elected, and the contract system for medical relief exists, a sufficient guarantee does not exist for their proper care. Hence, in Middlesex, and many other counties, vast sums have been already expended in increasing the accommodations of pauper lunatics.

“The Commissioners in Lunacy, in their Annual Report, mention numerous patients, who, under the pressure of accommodation, are from time to time discharged relieved, but not recovered, from the public asylums, to make room for more recent cases, who, having no home to go to, necessarily came to the work-house, and are placed in the lunatic wards, where with far more of personal confinement they have far less of physical comfort, and little chance of skillful and systematic treatment.

“The wards specially appropriated to them are very rarely provided with any suitable occupation or amusement for the inmates. The means of healthful exercise and labor out of doors are commonly entirely wanting, and the attendants (who are generally themselves paupers) are either gratuitous, or so badly organized and so poorly requited that no reliance can be placed on the efficiency of their services. In short, the wards become, in fact, places for the detention of lunatics, without possessing any of the safeguards and appliances which a well-constructed and well-managed lunatic asylum affords.”

The medical portion of the report requires more than a passing notice. It has been prepared with great labor. Besides the usual tables, showing the occupation of the patients, form and probable cause of the disease, duration of attack, result of treatment, &c., one of the tables shows the principal occurrences for each month—viz., the numbers admitted and discharged; dead and remaining; also the number of

epileptics, the convulsions by day and by night, showing an aggregate for the year of 3729 of the former and 1423 of the latter; the number of violent, dirty, and destructive patients; the panes of glass broken; the average number of patients in seclusion (six during each month), and the number under medical treatment (fifty-two).

The most interesting feature of this portion of the report is the obituary table, showing the date of death, date of admission, age and civil state at the time of death, mental state and bodily condition at the time of admission, duration and cause of disorder, and the assigned causes of death in fifty-two cases that occurred during the year, together with the *post mortem* appearances in forty-two cases, and the weight of the principal organs in avoirdupois ounces. As a specimen of the manner in which this portion of the subject is treated we subjoin the summary of lesions met with after death, so far as they relate to the head and spinal cord. "The head was unusually small in one male and two females; the dura mater preternaturally adherent in eleven males and seven females; thickening of arachnoid, and fluid in the ventricles in ten males and five females; pus on the arachnoid in one male; brain enlarged in five males and two females; congestion of blood in the cerebral vessels in three males and one female; blood effused on the surface of the brain in two males and one female; a rusty deposit under the right cerebral lobe in one male; softening of the brain in three females; the brain hardened in three males and three females; the brain was wasted in one male and two females; the right cerebral hemisphere was from one to two and a half ounces heavier than the left in two males and one female, and the left was from three quarters to four and a half ounces heavier than the right in six males. The weight of the brain varied in twenty-three males from thirty-five ounces to fifty-three ounces, and in nineteen females from twenty-seven and a quarter to fifty-five and three-fourths ounces; the average weight in the males was 46.6 ounces, and in the females 42.6 ounces, which is only a fractional part above the healthy average. The optic nerves were excessively wasted in one male, blind seven years from amaurosis. The spinal cord was softened in six males and three females, and indurated in one female; the lower part disintegrated in one male."

It is stated that general paralysis existed as usual in a considerable degree among the fatal cases, and the following summary is given of the appearances met with after death in this disease. "In a total of seven males and one female, the spinal cord was softened in three

males and one female, and there was central softening of the brain in the female; in two of the males the dura mater was adherent, and in one there was inflammation of the arachnoid and pia mater; in one male there was a large quantity of fluid in the arachnoid on the right cerebral hemisphere and in the spinal cord; in one male a small portion of the spinal cord was disintegrated; and in one male the spinal cord was unusually firm. In one male, in whom the symptoms of general paralysis were strongly marked, following an injury of the spine, no *post-mortem* examination was made. In one male idiot, who had also general paralysis, the dura mater was adherent, and the lower end of the spinal cord softened; the brain weighed thirty-nine and one-fourth ounces. In the six males the weight of the brain varied from thirty-five and three-fourths ounces to fifty-two ounces, the mean weight being just the usual average of forty-six ounces; in the female the weight of the brain was forty-one and three-fourths ounces. As observed in the report of last year, in those cases in which the brain was smallest the disease was of longest standing.

In regard to the medical treatment of general paralysis we find the following recorded. Some cases have been benefited, as formerly mentioned, by the use of *liquor hydrargyri bichloridi*; indeed, one male patient, who was for some time bedridden, so far recovered as to be able to move slowly about, and was taken home at the request of his wife, who wished to nurse him herself; and another, also in a very helpless state, is now able to go out to work, and appears to be in good health; he has still, however, a difficulty of articulation.

From the various tables we learn that there were—

	Males.	Females.	Total.
Remaining in the Asylum at the commencement of the year	157	189	346
Admitted during the year	78	69	147
Whole number in the Asylum	235	258	493
Discharged recovered	33	30	63
“ relieved	14	10	24
“ not relieved	4	1	5
Died	30	22	52
	81	63	144
Remaining	154	195	349

In the preceding notices particular attention has been paid to the fact of the constantly increasing demand for enlarged accommodations for

the insane in the different counties represented. The same deficiency of accommodation is the principal theme of the report of Dr. Palmer, the medical superintendent of the Lincolnshire Asylum, at Bracebridge.

“The circumstance of the Asylum being full has already been under the notice of the Visitors, as well as of the Commissioners in Lunacy ; and the result has been the adoption of a plan for some temporary arrangements, by which twenty-five additional patients on each side of the Asylum will be accommodated. As, however, the removal of the Lincolnshire patients now confined in the Derby Asylum will immediately fill all the new beds on the women’s side, the question of enlarging the building, as originally contemplated, will, no doubt, engage the attention of the Visitors at an early period.

“It is not probable that this increase is due to a corresponding increase of insane paupers in the county, but rather to the effect of the *Lunatic Asylums Act*, which passed in Nov., 1853, and which has been steadily getting into effective operation. The Commissioners in Lunacy clearly point out the causes of the large and progressive addition that is yearly being made to the number of pauper lunatics under treatment, in their report for 1853. It is there stated, that, independently of the facilities afforded for the due care of pauper lunatics by the greatly enlarged accommodation lately provided for them in public asylums in their own vicinity, and the encouragement held out by the Legislature for placing all such lunatics under medical care in the earliest stages of their malady, it is impossible to doubt that the skill and kindness with which they are treated in such institutions have tended greatly to lengthen their lives, and have very materially diminished the average rate of mortality among them, and, as a necessary consequence, have largely increased the number of chronic and probably incurable cases with which all our asylums, even the most spacious, are rapidly becoming filled.

“It is further to be observed, that the strongest provisions of the law, by which parochial and other authorities are required to take immediate measures for placing all violent and recent cases under proper care, are being every day more rigidly and systematically enforced in proportion as the machinery for the purpose becomes better understood, and with the wholesome effect of transferring to lunatic asylums a great many insane paupers who had heretofore been harbored in work-houses, or allowed to live on a parish allowance with their relatives, where, if they were not positively maltreated and abused, their mental disorder was utterly neglected.

“It is obvious, also, that the attention of medical practitioners (as well as of the public generally) has been led to take a far more comprehensive as well as scientific view of insanity in its various aspects, and to consider as properly falling under it many forms of disease which, from not exhibiting any strongly marked symptoms, were in former times wholly overlooked, although, with a view to their cure, it might be of essential importance that the best remedial treatment should be applied to them with the utmost promptitude.

“If all these circumstances are taken into account, it will excite little

surprise that the strenuous efforts which of late years have been made in England to provide for the insane poor in public asylums should have been unable to keep pace with the growing demand for such provision; and that a large and every year augmenting class of chronic and probably hopeless cases should become accumulated in these institutions, occupying much of the available accommodation there, to the exclusion, it is feared, of many other cases, to which, as being of recent date, the earliest remedial treatment would be most important."

In consideration of the fact that, in nearly every county asylum in the country, the original accommodation has been found insufficient, and taking into view the growing necessities of the county of Lincoln, Dr. Palmer recommends that immediate measures be taken for the enlargement of the Asylum, so as to contain 400 patients.

ADMISSIONS, RE-ADMISSIONS, DISCHARGES, AND DEATHS DURING THE
YEAR 1855.

	Males.	Females.	Total.
Remaining in the Asylum, Jan'y 1st, 1855..	120	123	243
Admitted during the year.....	25	28	53
Re-admitted.....	7	2	9
Total under treatment.....	152	153	305
Discharged recovered.....	13	10	23
“ not recovered.....	2	2	4
Died.....	10	13	23
Total discharged and died.....	25	25	50
Remaining, Dec. 31st, 1855.....	127	128	255

Dr. Bucknill, the Superintendent of the Devon Asylum, is the well-known and accomplished editor of the *Asylum Journal of Mental Science*, a new quarterly publication which may be considered, more than any other periodical, as especially devoted to the reform system of moral management of the insane. As the non-restraint system is not at all discussed in three out of the five reports which are noticed in this article, and as we are informed in the Eighth Report of the Commissioners in Lunacy, that “the disuse of instrumental restraint, as unnecessary and injurious to the patients, is practically the rule in nearly all the public institutions in the kingdom,” we may conclude that this system is now the settled policy and practice in England, and that any farther discussion of its merits is deemed unnecessary. This being the case, it may not be out of place to call attention to some peculiarities in the situation of the insane in England, as exhibited in this notice, which

will account, in some measure, for the difference of practice pursued there from that which is prevalent in this country. There are other circumstances connected with the low social position, and the habits of quiet submission resulting therefrom, of the class principally composing the population of England, which it is not our intention at present to dwell upon, but which unquestionably have an influence in preparing this class for a more ready adoption of the habits, and a more willing subjection to the restraints of asylum life. The peculiar feature to which we particularly allude is the stationary or unmigratory character of the population of these institutions. The reader will, perhaps, have been struck with the paucity of annual admissions compared with the whole number resident, and the small number of patients discharged as not restored from the several asylums whose reports have been noticed, insomuch that recovery or death, with but few exceptions, is the only condition upon which the removal of a patient can take place. It is easy to perceive how, in an institution where a great proportion of patients have been long residents, and have had time to become habituated to asylum discipline, and who, consequently, require but a small share of minute personal attention, the extra care which is necessary to the avoidance of mechanical restraint in difficult cases can much more readily be bestowed than under the opposite condition. It is also easy to comprehend that the condition of two institutions in this respect may be so opposite as to make the sole difference between the adoption and the rejection of mechanical means of restraint.

If the accumulation of chronic cases in lunatic asylums be an advantage, in the way that has been suggested above, on the other hand it threatens to become a very serious evil by excluding from the benefits of asylum treatment recent and curable cases. Efforts have, therefore, been made by the Devon Asylum to obviate in some degree this difficulty, by placing a few selected patients in residence with cottagers in the immediate neighborhood of the Asylum.

“The accumulation of chronic cases in this and every other county asylum is so serious and emergent, that every effort and justifiable expedient is required to meet its pressure. The experience of years past has proved that some patients who are perfectly reasonable when under the surveillance and the gentler discipline exercised in an asylum, become decidedly insane upon their discharge. There are other patients who are always insane, but whose degree of insanity is so slight that perpetual residence within the boundaries of an Asylum is by no means needful, if they can be advantageously placed elsewhere.

“Experience has amply proved that if these patients are immediately discharged, various unfavorable influences are almost certain to occasion a rapid aggravation of their malady. In regard to a few such persons, the powers given by the seventy-second section of the “*Lunatic Asylums Act*” have been put in force, and they have been discharged on trial, and boarded with neighboring cottagers selected as trustworthy and suitable persons. In several instances the women of these cottages have acquired the right management of the insane. Some of them have been employed as occasional attendants or domestics in the Asylum, have married Asylum artisans, or other persons living near. This experience has made them willing to accept, and qualified to undertake, the charge of such inmates in their houses. Both the patients and the persons having charge of them feel themselves under the eye of the medical superintendent, who visits them unexpectedly.

The plan promises to work well. The patients are happy, and extremely well satisfied with the arrangement. In one instance maniacal excitement came on. The Superintendent was informed of it, and the patient was re-admitted into the Asylum without the slightest delay, formality, or expense. Had this patient been positively discharged, her re-admission could not have taken place without trouble and expense. The system of combining the domestic care of the insane in the cottages of a rural population with the superintendence of medical officers has for centuries been in operation at the lunatic village of Gheel, in Belgium. For the great majority of cases of insanity it is, doubtless, much inferior to the English system; but as an auxiliary to the latter, for selected cases, it appears to be well worthy of a careful and impartial trial.”

During the past year one hundred and forty-three patients have been admitted, of whom sixty-five were men and sixty-eight were women.

The number of patients at the commencement of the year was four hundred and forty-five. The average number resident has been four hundred and seventy-eight, of whom two hundred are men, and two hundred and seventy-eight are women.

Fifty-six patients have died, of whom thirty-nine were men, and seventeen were women. Eighty-six patients have been discharged, of whom thirty-one were men, and fifty-five were women.

The total number of patients under treatment during the year has been five hundred and eighty-eight, of whom two hundred and sixty were men, and three hundred and twenty-eight were women.

Of the eighty-six patients discharged, six were discharged as relieved, the remainder as cured; of these, eight have suffered relapse, and been re-admitted.

J. H. W.

BIBLIOGRAPHICAL.

BILLOD ON THE CLASSIFICATION AND SEMIOLOGY OF VARIOUS FORMS OF LYPEMANIA.*

IN no department of medical science is there less precision than in the nomenclature of mental disease. The terms used not only require definition, but when defined, do not in any degree correctly express the state they are intended to represent. They are, however, consecrated by age and use, and so interwoven with medical literature, and the legal codes of all nations, that any radical change would create great confusion. The terms *mania*, *melancholia*, *insania*, *dementia*, and *delirium*, used by Hippocrates and Galen to express the more prominent phenomena in certain disordered mental states, and accepted by succeeding writers, were adopted by the more modern psychologists, Pinel and Esquirol, as elementary types. Thus mania became the radical, expressive of a large group of phenomena—the generic term from which we have the *monomania* and other *manias* of Pinel, the *lypemia* of Esquirol, and the forms of *mania* of subsequent writers, until we now have, according to Guislain, no less than twenty-three distinct forms of this disease, “and more than one hundred different forms under which the phrenopathies present themselves.”

The necessity for a more methodical and philosophical classification of mental maladies than at present exists is universally conceded by writers, and all experienced physicians having the care of the insane. The official reports emanating from the various asylums, as well as the discussions of symptomatology in the medical and medico-psychological associations, testify to the want of uniformity in the designation of the phenomena of certain psycho-pathological states by different observers.

Perhaps in no form of mental affection is there so much confusion, not only in regard to terms, but also as to the amount of disturbance

* Essai De Classification et Seméiologie, par M. le Dr. E. Billod, Médecin en chef directeur de l'asile départemental d'aliénés de Maine-et-Loire.

Mémoire lu à la Société Médico-Psychologique.

Annales Médico-Psychologiques, July, 1856.

necessary to constitute a state of mental disease, as in melancholia or lypemania, and yet in no other is it more important to have a comprehensive and well-defined classification.

The disease often passes unrecognized, especially in its earlier stages. It is so exceedingly difficult to draw the line marking the boundary between physiological and pathological sorrow ; between irritability and depression arising from the habitual indulgence in unhappy tempers and passion, and the despair and waywardness so often the result of disease. Furthermore, persons suffering under melancholy usually exhibit not only intellectual strength but often a keen appreciation of their unhappy condition. Says Guislain, "Nothing is more astonishing than that these men profoundly depressed should analyze all their ideas—all the phenomena of their morbid condition—should reason with entire lucidity of conscience upon the powerlessness of their will, and the extreme desire they feel to escape from their state of dread and wretchedness."

In the July number of the "*Annales-psychologiques*" we find a paper by M. le Dr. Billod, read by him before the Médico-Psychological Society of Paris, entitled an "*Essay on the Classification and Semiology of the various forms of Lypemania.*"

"The study of mental maladies," says the writer, "like that of every science in its commencement, is yet in its analytical period. All the works published since the time of the immortal Pinel can only be considered as the result of individual effort, the scattered materials which, re-united, will constitute, sooner or later, the edifice, to the completion of which we each contribute a stone."

He believes, however, that the period has now arrived in which is to be found not only the materials for a good classification, but in which the state of science demands some modification of the nomenclature of mental diseases.

The classification of Pinel and Esquirol, which was based upon "the consideration of a single characteristic in the condition of the intellectual faculties, drawn principally from the general or partial disturbance of the ideas," though in harmony with the then existing knowledge of the pathological character of insanity, he conceives should now yield to a more correct one, developed by advancing science, and having as a basis the fullest consideration of "all the lesions which characterize each group of mental maladies." These affections, like all others, are studied by their symptoms. M. Billod very justly remarks that "true progress should tend to a full and complete study of symptoms," and on this point

continues : “ Now, the symptoms of mental alienation being particularly of a psychical nature, they cannot be properly studied without subjection to a thorough psychological analysis, which, by determining the exact condition of the various faculties, leads to the recognition of those, the exercise of which, primarily disturbed, induces consecutively the agitation of the others. No doubt, in the future classification of mental diseases which will one day arise from the progress of knowledge, the psychological physician will have regard to all the faculties affected, and will endeavor to ascertain, in all mental alienation, the condition—1st, of the various intellectual faculties, such as attention, perception, conscience, judgment, reason, memory, association of ideas, imagination, &c.; 2nd, of the will in its various manifestations, and in the double physiological and moral acceptation; 3d, of the sensibility—sentiments, passions, and sensations; 4th, of the instincts, in distinguishing, as far as possible, the faculties, the lesion of which, may be considered as primitive, and those, the exercise of which, is only disturbed consecutively by virtue of their mutual dependence.”

In this view, M. Billod finds himself sustained by recent writers, and especially by M. Parchappe, in a paper on the symptomatology of insanity, published in the *Annales Médico-Psychologiques*. He concludes this part of the essay as follows : “ The psychological analysis of the symptoms of mental alienation, which ought to form the basis of all future classification, will complete, with pathological anatomy and physiology, the whole number of conditions under which insanity should be studied, and will constitute what might be called the *pathological psychology* of that affection.”

Before presenting the classification of M. Billod, we must quote his remarks on the substitution of the term lypemania for that of melancholia. “ Between the qualification of melancholia given by the ancients to the mental state characterized by a depressing delirium, and that of lypemania proposed by Esquirol and adopted by the greater portion of his pupils, we might hesitate, for either of these titles is equally correct. However, we have chosen that of lypemania, which to the advantage of harmonizing with the actual state of the science, unites that of not prejudging, like the word melancholia, by its etymological sense, the question of humorism, which has had its day. But in adopting this name we should make some reservations. For example, we assert that, far from seeing in it, as do a number of physicians, the contrary of monomania, we consider it a species, a division of the latter. Are they

not both characterized by a partial delirium? Is there, moreover, anything in the derivation of the word *monomania* indicative of another character—for example, that of gayety or depression? Certainly not. And if Esquirol, after having proposed the qualification of lypemania, for monomania characterized by a partial delirium with depression, has reserved that of monomania for designating the monomania marked by a partial delirium with gayety,—or, rather, not depressing (because the element of depression may be deficient without being replaced by the contrary element),—it is well understood, or, at least, it must be admitted, that in the thought of the master the word *monomania* had two acceptations—the one general, which comprehends all practical alienations, depressing or not depressing; the other special, according to which lypemania and monomania form the divisions in general; one of these affections constituting monomania with depressing delirium, and receiving the name of lypemania, and the other characterized by a delirium free from depression, and constituting what might be denominated, in its relation to the preceding, monomania, properly so called.”

We are not able to discover, in the above, sufficient reason for the change in the use of the terms proposed. If both are “equally correct,” either will sufficiently harmonize with “the actual state of science.” The doctrine of humorism, we presume, has but little to do with the question. So recent and distinguished a writer as Guislain preserves by preference the use of the term *melancholia*, and to the group of special *melancholias* gives the denomination of monomelancholia.

“Partial, and more particularly, sad delirium,” says the writer, “constituting the essential and pathognomonic character of lypemania, all classification of the various forms of this affection should be based upon the examination of the differences which are observable between them in this respect.” This element of sadness he finds only in the sentiments and ideas. “It is of these alone, and not of the sensations and volitions, that we may say, *they are depressed*.”

The four following general classes, under which are presented sixteen subdivisions, is the classification of M. Billod.

First Class.

LYPEMANIA, PROPERLY SO CALLED, OR LYPEMANIA WITH PREDOMINANCE OF DEPRESSING IDEAS (*d'idées tristes*) AND REACTION OF DEPRESSION.

This form of lypemania M. Billod considers the generic type. It is characterized by a state of universal melancholy. The ideas, the sen-

timents, the expression, all indicate profound depression. "The patient in his delirium is, in a manner, his own victim. Under the influence of depressing ideas he is sad. Everything about him—his physiognomy, attitudes, gestures, movements, &c.—express the melancholy, which in this case appears to be the result, partly logical, of the reaction of the idea on the sentiment, of the intelligence on the sensibility."

The disease is here considered independently of its cause. It presents very notable differences, according to the nature of the idea, the reaction of which on the sensibility produces the depression, and may therefore be subdivided as follows :

I. *Religious Lypemania*.—In this form the ideas seem to proceed from the religious sentiment. The exaltation of this sentiment gives birth to incessant fears, apprehensions, terrors, and scruples. It is generally accompanied by a concomitant exaltation of the moral sense, which generates a perpetual fear of doing evil, and that with the consciousness of purchasing damnation.

II. *Lypemania with predominance of ideas of possession, and reaction of depression*.—This form of lypemania, which we may consider as a variety of the preceding one, because, like that, it originates in the exaltation of the religious sentiment, is characterized by the persuasion on the part of the lunatic that the devil has entered his body and resides there habitually.

In demonimania, the false idea which forms the chief characteristic of the delirium, and which should react in depression, proceeds usually from a particular sensation, false or true, wrongly interpreted by the patient.

III. *Hypochondriacal Lypemania, with reaction of depression*.—In this form of lypemania the delirium of depression is particularly characterized by pre-occupations and inquietudes relating chiefly to the health. The attention is concentrated on self, and there is undoubtedly an exaltation of the instinct of self-preservation—not excluding, however, an inclination to suicide, for cases frequently occur (and many have been cited by authors writing on this subject) of hypochondriacs accomplishing their own destruction, whose perpetual anxieties and inquietudes with reference to their health would seem to imply the fear of death.

IV. *Lypemania with stupidity*.—This form of lypemania is no other than that in which the reaction of melancholy, whatever may be the nature of the depression, amounts to stupor. During the

course of this affection it is impossible to determine the nature of the pre-occupations which absorb the mind of the patient, because he intrenches himself in absolute dumbness. We may not doubt, however, that those pre-occupations are melancholy, at least if the statements of recovered patients are to be believed.

Second Class.

LYPEMANIA WITH PREDOMINANCE OF DEPRESSING IDEAS, BUT WITHOUT REACTION OF DEPRESSION.

The question of lypemania, characterized, according to our view, by a partial and depressing delirium, in which the element of melancholy is confined, properly speaking, to the ideas. The patient has sad thoughts, but does not appear sad. The functions of expression, the outward habits, the whole exterior, betray none of the depressing ideas which occupy the brain. It is even stated that a genuine reaction of gayety sometimes occurs.

The characteristic which distinguishes this class of lypemania implies so great a contradiction, that we seem, in admitting it, to put forth a paradox; and yet nothing is more true or incontestable. We shall prove it by facts, although it might suffice us to appeal to the experience of those of our readers who have suffered from this form of disease.

I. *Lypemania without reaction.*—This delirium of melancholy gives place to no reactions of any sort. The patient is habitually neither sad nor gay. He seems indifferent to the pre-occupations of his mind, and speaks of them without any apparent feeling.

II. *Lypemania with depressing ideas and reaction of gayety.*—This delirium, manifestly sad, far from reacting in depression, is, on the contrary, accompanied by a state of gayety and contentment, often shocking by force of contrast. Although in this form of lypemania the gayety may not be the result of the reaction of depressing ideas on the sensibility, we shall, nevertheless, consider it as a reaction. We believe that in this case the joint action which ordinarily characterizes the sensibility and the intelligence is destroyed, or at least suspended, and, consequently, the sensibility becoming independent of the intelligence, abandons itself to reactions which are in a measure spontaneous.

III. *Lypemania with depressing ideas and reaction of irony.*—The victims of this form of lypemania receive all that is said to them

with an ironical smile, with language full of reservations, sneering sarcasms, or an affectation of politeness, too evident to be misunderstood.

IV. *Lypemania with reaction of pride*.—In this form of lypemania the patients envelop themselves in the folds of an imaginary dignity, and from an elevation regard the world with affected disdain. They are inclined to isolation, and, if addressed, will either maintain a contemptuous silence, or reply in the most insolent manner.

V. *Lypemania with depressing ideas and reaction of anger*.—In a fifth subdivision of lypemania the reaction of depression is replaced by a reaction of anger. Patients affected by this form of lypemania are not, properly speaking, habitually gay or sad, but at certain intervals abandon themselves to sudden paroxysms of the most violent anger. These paroxysms have the effect of salutary crises.

VI. *Lypemania with predominance of depressing ideas, and maniacal excitement, (reaction of mania)*.—In this form of lypemania the reaction of depression is supplanted by a certain maniacal excitement, which betrays itself in an incessant desire to speak, an unusual flow of language, an extreme inclination to be roused and excited, and a facility for passing from tears to laughter. This is always accompanied by a predominance of the original order of depressing ideas.

VII. A seventh group, with reaction of depression, is composed of affections in which the patients, with a train of pre-occupations habitually sad, complain continually of everything, and are incessantly impelled to make observations. It is to this form of lypemania that Pinel has given the name of “*mania raisonnante*”—that of *lypémanie raisonneuse* appears to be much more expressive and appropriate.

Third Class.

LYPEMANIA WITH PREDOMINANCE OF DEPRESSING IDEAS, AND MIXED REACTION.

We have the following subdivisions under this class :

I. Lypemania with depressing ideas, habitual reaction of depression, and intermissions of anger.

II. Lypemania with depressing ideas, habitual reaction of gayety, and intermissions of anger.

III. Lypemania with depressing ideas, habitual reaction of irony, and intermissions of anger.

IV. Lypemania with depressing ideas, and alternation of gayety and sadness.

V. *Lypemania à double phase*, or with alternations of melancholy depression (reaction of depression) and maniacal excitement (reaction of mania).

Fourth Class.

LYPEMANIA WITHOUT DEPRESSING IDEAS, BUT WITH EXPRESSION OF MELANCHOLY.

In this kind of affection, the element of depression, instead of originating in the intelligence, seems to reside only in the sensibility. The patient has no idea or pre-occupation which can be considered a motive for melancholy and yet has a manner unmistakably sad.

In ordinary lypemania with depressing ideas and reaction of depression, the patient has a motive, either real or imaginary, for melancholy; but in this case the sadness is all in the expression, without any real or apparent motive for its existence.

It is very rarely that lypemania manifests this character at first; it is almost always consecutive to a mental state more definite. We observe it ordinarily under the following circumstances:

1st. In cases of lypemania, with depressing ideas and reaction of depression, passed into a state of chronicity or dementia. The patient, after having been a long time under the influence of depressing pre-occupations, which are motives to the reaction of depression, abandons successively these pre-occupations, and yet seems to rest under their impulse. The reaction of depression outlives the idea which produced it, and in its relation to the sensibility resembles the pendulum, which continues to oscillate in virtue of its original impulse, or, rather, the way in which it retains an impression once made.

2nd. We observe this form of lypemania in the intervals which separate the paroxysms of intermittent mania. The expression of melancholy, without ideas of depression, appears to characterize so generally the mental condition of lunatics with intermittent mania, in the interval of their paroxysms, that we are inclined to doubt the existence of intermittent mania, and to see in it but a variety of *la folie circulaire*, or *la folie à double forme*, which we have before shown to be better named *la folie à double phase*.

In closing this interesting subject, we regret that our limits have confined us to so brief an analysis of an essay of so much practical value. We cannot but consider it a thorough and faithful examination and exhibition of the symptoms of melancholy in all its complex forms. We,

moreover, trust that M. Billod in this work has but commenced a series of papers which his rich experience will expand into a complete monograph of the disease.

The Medical Profession in Ancient Times.—An Anniversary Discourse delivered before the New York Academy of Medicine, Nov. 7th, 1856, by JOHN WATSON, M. D., Surgeon to the New York Hospital. New York, 1856.

This essay, originally prepared as an anniversary address, is, in its published form, extended to two hundred and twenty octavo pages, and presents a well-arranged record of the more important facts in the history of medicine, for the time, and among the nations, which it comprehends. It shows a patient and discriminating examination, by its author, of many classic medical writings, of the voluminous Middle-age commentaries upon these, and of the historic and exegetic labors of the later European critics. With a brief notice of medicine, as it existed among the Egyptians, by whom it was first cultivated as a distinct art, its history among the Greeks and Romans to the eighth century of the Christian era is pursued throughout the remainder of the book.

We are gratified to learn that the materials for a like notice of the science as cultivated in the East during that brilliant episode in the march of civilization, the Saracenic and Moorish period, and the Middle ages of Europe, are collected, and will be published on some fitting occasion.

While the book before us assumes only to give a general outline of the early history of medicine, and while we recognize the ability and industry with which the task has been executed, yet it is proper to say that we had expected, upon perusing it, to find some brief notice of the early philosophy and treatment of mental disease. The facts that medicine was early practised in very numerous specialties; that its therapeutics were mainly addressed to the mind, as in the Spa-like temples of Æsculapius. and through the prognoses of the Apollonian oracles; that Hippocrates, when called to Abdera to treat Democritus for insanity, found that philosopher himself engaged in dissections for the purpose of determining the pathology of mental disease; and, finally, that the union of the priestly and medical functions was general, especially after the introduction of Christianity;—all these show the psychical character of medical investigation among the ancients.

Aside from the department of surgery, in which there was constant

opportunity for practice among the soldiery and athletes, and which was cultivated to a high degree of perfection, it would seem that the greatest successes in medicine were achieved through an acquaintance with the intimate relations of mental and physical phenomena. The varied attainments and highly disciplined mental powers of the physicians of this period point to this fact. Their fanciful pathology and pharmacy, with their lack of chemical knowledge, also indicate the little reliance placed upon these in chronic diseases. Mental and physical hygiene appear to have been their principal studies in this connection.

Several species of mania have been accurately described by ancient writers, and melancholia is often alluded to in a manner which shows considerable skill in its treatment to have been attained. The Emperor Augustus was cured of the latter disease by Antoninus Musa, a celebrated Roman physician, to whom, at his death, a statue was raised, in honor of his learning and success. The treatment of dementia, from the optimistic views of the Greeks and Romans upon the subject of mental, as of bodily health, we cannot expect much to have been specially studied. The people who, at any time in their history, from mere motives of state policy, could permit the enactment of laws requiring the sacrifice of the physically deficient and malformed, would be little likely to cherish the demented and imbecile.

We are aware, indeed, that the early history of medicine, involved as it is in that of almost every branch of natural science and speculative philosophy, would require for its writer other qualifications than those of the bibliographer, and other opportunities than it is likely would be possessed by a professional man constantly occupied. An intimate acquaintance with the various systems of philosophy, and with the state of political, moral, and natural science among the Greeks and Romans, must be deemed essential to the historian who would treat *in extenso* of the healing art as represented in their theory and practice.

Notwithstanding, we were disappointed in not finding some allusion to insanity and its treatment, within the limits of the essay, and shall hope, in the continuation of the subject by the author through the Saracenic and Middle-age period, to learn something of the insane asylums at Bagdad, and the foundations of the Emperor Alexius; with perhaps a retrospective notice of the mixed charities at Jerusalem and Constantinople, established by Fabiola and Helena, St. Jerome and St. Ephraim.

S U M M A R Y.

INSANITY IN THE UNITED STATES.—The number of insane in the United States, according to the census of 1850, was 15,610—a number furnishing a much smaller proportion of insane to the whole population than observation shows to exist. It is to be regretted that this department of the work has been attended with such unsatisfactory results. This has, however, occurred not so much from a failure of the authorities who had this subject in charge to appreciate the important ends this inquiry could subserve, as from their inability to prosecute it successfully. This resulted partly from the want of experience and ability of census marshals, and also from ignorance in discriminating between idiotism and insanity. The desire of families to conceal their own afflictions in many instances proved an obstacle. To prevent mistake and error, the instructions as to the manner of examination were as explicit as seemed necessary to elicit the desired information, and when marked discrepancies were found to exist in the returns, a new examination was directed. In fifteen States an examination in this manner was gone through with for the third time, and still the results were very contradictory.

The Superintendent of the Census states, that, in consequence of the dissatisfaction and public feeling expressed in relation to the preparation of the Sixth Census, this department of his labor received more than ordinary attention; and ascribes the difficulty in discovering errors to the necessity of reviewing the name of every person in the United States, and to the confusion arising from the letters used to indicate the insane and idiotic.

While many of the States have themselves instituted inquiries, it is a matter of regret that in many instances where the claims of the insane to consideration are not recognized to the same degree, their number is made to appear so much less than it really is. In several States no public provision is made for the care of lunatics, and, in consequence of the small number supposed to exist, the efforts of philanthropists in their behalf have been embarrassed.

The following table has been prepared with a view to the exhibition of the number of insane in the several States, according to the census returns, and the extent of hospital provision for their treatment. This is made up from the operation of thirty-one public institutions, whose reports have been received.

NAME OF ASYLUM AND STATE.	Census, 1850.	Number treated.	Number admitted.	Discharged recovered.	Improved.	Unimproved.	Died.
State Asylum, Maine . . .	561	243	128	41	14	14	19
" " N. Hampshire	378	250	95	66	13	7	10
" " Worcester, Mass.	560	580	199	109	29	79	27
" " Taunton "	..	406	167	70	20	14	38
McLean Asylum . . . "	..	315	123	56	46	..	24
State Asylum, Vermont . .	560	553	164	79	13	15	52
Butler Hospital, R. I. . . .	217	187	56	20	15	4	11
Insane Retreat, Ct.	470	350	157	59	45	23	26
State Asylum, N. J.	379	352	139	67	29	3	20
" " New York	2821	725	275	128	15	79	32
Bloomington Asylum, N.Y.	..	234	107	52	13	23	19
Hospital for Insane, Penn..	1914	399	176	101	36	11	21
State Asylum, " . . . .	..	378	164	26	30	43	29
Friends' " " . . . . .	..	94	35	14	7	3	4
Hospital for Insane, Md. . .	546	189	70	26	16	9	17
Mount Hope Asylum, " . .	..	242	95	26	61	19	14
Asylum for Insane, D. C. . .	23	63	63	3	..	..	..
State Asylum, Miss.	129	70	70	7	7	..	5
" " Tenn.	407	146	46	20	10	6	7
Eastern Asylum, Ky.	527	202	74	26	34	..	24
Western " " . . . . .	..	113	113	8	6	..	17
Central " Ohio	1317	435	174	110	24	72	13
Northern " " . . . . .	..	164	164	42	..	3	7
Southern " " . . . . .	..	70	59	4	4	3	..
State Asylum, Ia	563	231	171	115	..	..	20
" " Cal.	2	348	214	168	..	..	18
" " S. C.	249	236	62	19	15	..	31
* Eastern " Va.	970	378	160	56	14	7	69
Western " " . . . . .	..	530	153	62	19	3	58
State Asylum, Mo.	260	185	123	43	9	1	38
" " Ill.	238	347	265	..	..	..	..
Total	13091	9015	4061	1623	544	441	670

* The last four institutions make biennial reports.

There are state institutions in successful operation in North Carolina, Georgia, and Louisiana, but their reports not having been received, their results are not presented above. The states of Alabama, Arkansas, Texas, Iowa, Wisconsin, and Michigan, have each asylums in contemplation or in process of erection.

The returns of the amount of insanity in all the States are defective. While regretting this, however, we are more disposed to commend and encourage every inquiry of this nature which may attract public attention to this subject.

RESIGNATION.—Dr. M. E. Winchell has resigned his position of Assistant Physician, in connection with the New Jersey State Lunatic Asylum.

ACKNOWLEDGMENTS.—Our thanks are due to Mr. Wilkes for the Tenth Report of the Commissioners in Lunacy, Eng.

BOOKS, &c., RECEIVED.

☞ Since our last issue the following Books, Pamphlets, and Journals have been received in exchange or otherwise :

The Medical Profession in Ancient Times. An Anniversary Discourse before the New York Academy of Medicine, Nov. 7th, 1856. By John Watson, M. D., Surgeon to the New York Hospital.

The Causes and Curative Treatment of Sterility, with a preliminary statement of the Physiology of Generation. By Augustus K. Gardner, A. M., M. D. Published by Dewitt and Davenport. New York, 1856.

Addresses in behalf of the United States Inebriate Asylum. 1856.

Fifth Annual Report of the Wilts County Asylum, Devizes, for the year 1855.

Tenth Report of the Commissioners in Lunacy to the Lord Chancellor. London, 1856.

FOREIGN EXCHANGES.

Annales Médico-Psychologiques. Par MM. Les Docteurs Baillarger, Cerise, et Moreau. July, 1856.

Bulletin de L'Académie Impériale de Médecine. Paris. Tome XXI, Nos. 16, 17, 18, 19.

Gazette Médicale de Paris. Paris. Tome XI, 1856. Nos. 24 and 33, inclusive.

Journal de Médecine et de Chirurgie. Paris, 1856. May, July, August. June not received.

Revue de Thérapeutique Médico-Chirurgicale. Paris, 1856. Nos. 13, 14, 15. Nos. 9, 12 not received.

The Asylum Journal of Mental Science. Published by authority of the Association of Medical Officers of Asylums and Hospitals for the Insane. Edited by John Charles Bucknill, M. D. London. Quarterly. 1856. July not received.

British and Foreign Medico-Chirurgical Review. Republished by S. S. & W. Wood, New York. Quarterly. July, 1856.

The London Lancet. Edited by Thomas Wakely, Surgeon. J. H. Bennett, M. D., and T. R. Wakely, Jr., M. R. C. S. E., Sub-Editors. Republished in New York by Stringer and Townsend. Monthly. July, August, September, 1856.

The Dublin Quarterly Journal of Medical Science. Dublin. Quarterly. July not received. 1856.

The Dublin Medical Press, Dublin. Weekly. 1856. Nos. 913, 917, received. Nos. 902, 904, 906, 907, 909, 914, 915, 916 not received.

AMERICAN EXCHANGES.

New York Journal of Medicine. Edited by Samuel S. Purple, M. D., Stephen Smith, M. D., and H. D. Bulkley, M. D. New York. Bi-monthly. July, September, 1856.

New York Medical Times. Edited by H. D. Bulkley, M. D., New York. Monthly. July, August, September, 1856.

The American Medical Monthly. Edited by Edward H. Parker, M. D., A. M. New York. July, August, 1856. September not received.

The Scalpel; an entirely original Quarterly Expositor of the Laws of Health, and Abuses of Medicine and Domestic Life. Edited by Edward H. Dixon, M. D. New York. April, July, 1856.

Buffalo Medical Journal, and Monthly Review of Medical and Surgical Science. Sanford B. Hunt, M. D., Editor. Buffalo, N. Y. Monthly. July, August, September, 1856.

Boston Medical and Surgical Journal. Edited by J. V. C. Smith, M. D., assisted by Wm. W. Morland, M. D., and Francis Minot, M. D. Boston. Weekly. Vol. LIV, Nos. 11, and 22 and 26 inclusive. Vol. LV, Nos. 1, 2, 4, 5, 6, 7, 8. No. 3, Vol. LV, not received.

The New Jersey Medical and Surgical Reporter. Edited by S. W. Butler, M. D., Burlington, N. J. July, August, September, 1856.

The American Journal of the Medical Sciences. Edited by Isaac Hays, M. D. Quarterly. Philadelphia. July, 1856.

The Medical Examiner, a Monthly Record of Medical Science. Edited by Samuel L. Holingsworth, M. D. Philadelphia. Monthly. July, August, September, 1856.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. From April 2 to June 4, 1856.

Medical News and Library. Published by Blanchard and Lea. Philadelphia. Monthly. July, August, September, 1856.

The American Journal of Dental Science. Edited by Chapin A. Harris, M. D., D. D. S., and A. Snowdon Piggot, M. D. Philadelphia. Quarterly. July, 1856.

The Pennsylvania Journal of Prison Discipline and Philanthropy. Published quarterly, under the direction of the "Philadelphia Society for Alleviating the Miseries of Public Prisons;" instituted 1787. Philadelphia. July, 1856.

Journal of the Franklin Institute, of the State of Pennsylvania, for the Promotion of the Mechanic Arts. Edited by John F. Frazer, assisted by the Committee on Publication of the Franklin Institute. Philadelphia. Monthly. July, August, September, 1856.

The Dental News Letter. Edited by J. D. White, D. D. S., M. D., and J. R. McCurdy, D. D. S. Philadelphia. Quarterly. July, 1856.

American Journal of Pharmacy; published by authority of the Philadelphia College of Pharmacy. Edited by William Proctor, Jr., Philadelphia. Bi-monthly. July, September, 1856.

New Hampshire Journal of Medicine. Edited by Geo. H. Hubbard, M. D., and N. E. Gage, M. D. Manchester. Monthly. July, August, September, 1856.

The Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery. Edited by W. Wright, M. D., and D. C. MacCallum, M. D. Monthly. July, August, September, 1856.

Virginia Medical Journal. Editors, James B. McCaw, M. D., and G. A. Otis, M. D. Richmond. Monthly. July, August, September, 1856.

The Monthly Stethoscope and Medical Reporter. Editors and Proprietors, Goodridge A. Wilson, M. D., Richmond A. Lewis, M. D., Bi-monthly. Richmond, Va. Not received. 1856.

Charleston Medical Journal and Review. Edited and published by C. Happoldt, M. D. Charleston. Bi-monthly. September, 1856.

Southern Medical and Surgical Journal. Edited by L. A. Dugas, M. D., and Henry Rossignol, M. D. Augusta, Ga. Monthly. July, August, September, 1856.

Atlanta Medical and Surgical Journal. Edited by Joseph P. Logan, M. D., and W. F. Westmoreland, M. D. Atlanta, Ga. Monthly. July, August, September, 1856.

New Orleans Medical and Surgical Journal. Edited by B. Dowler, M. D. New Orleans. Bi-monthly. July, September, 1856.

Nashville Journal of Medicine and Surgery. Edited by W. K. Bowling, M. D., assisted by Paul F. Eve, M. D. Nashville, Tenn. Monthly. July, August, September, 1856.

Memphis Medical Recorder. Published Bi-monthly by the Memphis Medical College. Edited by A. P. Merrill, M. D. Memphis. July, 1856.

St. Louis Medical and Surgical Journal. Edited by M. L. Linton, M. D., and W. M. McPheeters, M. D. Bi-monthly. July, September, 1856.

Memphis Journal of Medicine, Edited by R. H. Harrison, M. D., and Jerome Cochran, Associate Editor. Monthly. August, 1856.

- The Peninsular Journal of Medicine and the Collateral Sciences. Edited by Drs. Pitcher, Palmer, Brodie, and Christian. Detroit. Monthly. July, August, September, 1856.
- The North-Western Medical and Surgical Journal. Edited by N. S. Davis, M. D., and H. A. Johnson, A. M., M. D. Chicago. Monthly. July, August, September, 1856.
- Western Lancet; a Monthly Journal of Practical Medicine and Surgery. T. Wood, M. D., Editor and Proprietor. Cincinnati. Monthly. July, August, 1856. September not received.
- Iowa Medical Journal. Conducted by the Faculty of the Medical Department of the Iowa University. Keokuk, Iowa. Bi-monthly. May and July, 1856.
- The Cincinnati Medical Observer. Edited by Geo. Mendenhall, M. D., John A. Murphy, M. D., and E. B. Stevens, M. D. Cincinnati. Monthly. July, September, 1856.
- The Medical Independent and Monthly Review of Medicine and Surgery. Edited by Henry Goadby, M. D., Edward Kane, M. D., and L. G. Robinson, M. D. Monthly. Detroit. July, September, 1856. August not received.
- The Louisville Review, a Bi-monthly Journal of Practical Medicine and Surgery. Edited by S. D. Gross, M. D., and T. G. Richardson, M. D. Bi-monthly. Louisville, Ky. July, September, 1856.
- The California State Medical Journal. Editor and Proprietor, John F. Morse, M. D. Sacramento, Cal. Vol. I, No. 1. July, 1856.
- The College Journal of Medical Science. Edited by Drs. J. R. Buchanan, John King, John W. Hoyt, W. Sherwood, C. H. Cleaveland, and J. G. Jones. Cincinnati. August, September, 1856.
- The Medical World. Edited by J. V. C. Smith, M. D., assisted by E. S. Smith, M. D. Boston. Vol. I, No. 1. 1856.

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No. 3.

CRIMINAL INSANE. INSANE TRANSGRESSORS AND INSANE CONVICTS.

BY EDWARD JARVIS, M. D., OF DORCHESTER, MASS.

ANY perversion of the moral or the mental machine of humanity renders it unavailable and useless, oftentimes troublesome, and even dangerous. A criminal is at least unsafe, and needs to be confined to secure the public from danger. An insane man is at least useless, generally burdensome, and sometimes destructive, and must be under guardianship if not in custody, for his own good if not for that of the community. But the combinations of both of these derangements, the moral and the mental, in one and the same person, creates the worst of human beings, the most objectionable, and the most friendless, and no adequate and satisfactory provision has as yet been made for him in any state or country.

The world, in all stages of its civilization, has made provision for the residence and custody of the criminal; and however great his injuries to his fellow-men, the prison is open to him: there he finds his home, and there the officers and watchmen are prepared to receive and care for him. The insane man, however violent his mania, or low his dementia, finds a suitable home in the hospital: there the officers are ready and willing to receive, watch over, and protect him, and make him as comfortable as the nature of his malady will permit. These homes of the criminal and the lunatic respectively have been changed and im-

proved from age to age; but each generation has come up to its own ideal in this respect, and done the best for them that the intelligence and means of the time and place allowed.

But the insane criminal has nowhere any home: no age or nation has provided a place for him. He is everywhere unwelcome and objectionable. The prisons thrust him out; the hospitals are unwilling to receive him; the law will not let him stay at his house, and the public will not permit him to go abroad. And yet humanity and justice, the sense of common danger, and a tender regard for a deeply degraded brother-man, all agree that something should be done for him—that some plan must be devised different from, and better than any that has yet been tried, by which he may be properly cared for, by which his malady may be healed, and his criminal propensity overcome. This dissatisfaction with what has been hitherto done for this class of insane law-breakers seems to be universal, and a desire, amounting in many to an earnest longing for something better, seems almost as extensive and increasing, and yet nothing has any where been done.

In this state of ungratified hope, while every thing is wanted and nothing is gained, it may be well to take a survey of the whole matter, examine the present condition of this class in all their relations, see what has been done for them, and consider the plans that have been proposed for their improvement.

DEFINITION OF TERMS.

It may be well, before proceeding farther, to determine who are included in the class now under consideration, and what is meant by the term "*Criminal Insane*," which is commonly used to describe them. This term is indiscriminately applied to two classes of persons, who, although they may have committed the same acts prohibited by the law, yet differ very materially in their moral condition and their responsibility. One class includes those who committed crimes when they were sound in mind and in full possession of their reason, who were tried, convicted, and imprisoned, and endured a part, at least, of their punishment, when they were in the same mental condition. But while they were undergoing their sentence, and paying the penalties of the law in the prison, they became insane. Their mental disorder had nothing to do with their criminal acts. It was not put into the

plea, either as an excuse for the offense or in mitigation of punishment, that they were unsound in mind, and therefore morally and legally irresponsible. But their malady was a subsequent event, and its influence could not be traced backward to instigate the crime, for that was an act of free agency, and of an untrammelled mind. As these were convicted of crime before they were deranged, they belong to the class of criminals, and to a special or subordinate division of the insane. We will therefore designate them by the term, "*Insane Convicts.*" The other class may have committed the same illegal acts as the insane convicts. They are generally homicides or incendiaries, or they have assaulted and injured their fellow-men, or otherwise have been dangerous to the public safety. But their insanity preceded their illegal and injurious acts, and is presumed, by the mercy of the law, to have been its cause. They are therefore held to be irresponsible for their acts; they are not to be convicted of them nor punished for them as crimes.

In some nations the law is very explicit and exculpatory, and directs the courts and juries to discharge those who may be accused before them, if they shall be proved to have been insane when the act in question was committed.

Inasmuch as a man bereft of his reason is incapable of judging between right and wrong, in respect to the act for which he may be arraigned, or inasmuch as he may be driven to it by some irresistible impulse, he could not have committed it with a preconceived malice, and, therefore, he should not be convicted of criminal intent, which is the essence of guilt. For the want of a better term we shall designate this class as the "*Insane Transgressors.*"

In the eyes of humanity, of morality, and of the law, here are two widely different classes, although they may have committed the same acts when they were abroad, and may now be in the same mental condition, for both are transgressors of the law and both are insane. One class committed crimes when their minds were clear, and they knew what they were doing, when they were free to choose and act, and they could understand, and should have been influenced by, the ordinary motives of right. Their subsequent insanity had no more connection with their crimes than any other disease, as dysentery or fever, which may have come upon them afterwards in prison.

In the other class the mental disorder preceded the illegal acts, and

is supposed to have been their cause. It deprived the transgressors of the power of discriminating between right and wrong, or impelled them to the dangerous or destructive deeds; they were, therefore, not free agents. The former is guilty, though now insane. The latter is guiltless, although a transgressor of the law. Both of these classes are usually included in the single term of "Criminal Insane;" yet the English writers seem to include the latter mostly, and the Americans the former in their descriptions.

The British Commissioners in Lunacy, in their eighth report, for 1854, page 46, say:

"Criminal lunatics, according to the existing law, may be divided generally into the following three classes:

"I. Persons indicted, tried, and acquitted on the ground of insanity; in other words, as having committed the act charged while insane, and legally irresponsible for the same.

"II. Persons indicted, and found, on arraignment (by a jury specially impaneled), to be insane, and mentally incapable of pleading, and who, consequently, are not tried, but remitted to custody for future trial, when recovered from their mental malady.

"III. Persons who, while in prison, under sentence of a criminal court, or upon summary conviction before justices, or committed as vagrants, or for want of sureties, are found to be, or have become insane."

We would include the second and third of these divisions in one, for they were both sane when they committed their illegal acts. The first class will be the same as ours of "Insane Transgressors." Both of these classes are arrested and in the custody of the public authorities. Both are deemed to be dangerous to the peace and safety of the community. The insane convicts are dangerous on account of their criminal propensity, which has led them to commit crime, and may lead them to the same again. The insane transgressors are dangerous on account of their insanity, which has impelled them to injurious acts, and may impel them to do so again. The danger of the former is in his soundness of mind; the danger of the latter is in his mental derangement. If the former is restored to health, he is all the more unsafe, and must be remanded to prison, if in a hospital; if the latter is restored, he is safe, and may return to his friends and enjoy his liberty in the bosom of society.

These classes of the insane have, for a long time, been a stumbling-block to those who have had the charge of them; and with the in-

creasing intelligence and philanthropy they do not become any less so. But whatever difficulties may surround this subject, it cannot be overlooked; and however objectionable these patients may be to every sort of officer or guardian, medical or legal, they cannot be neglected; society must, in some way or other, watch over and provide for them. They cannot take care of themselves; they must not be cast out and thrown upon the charities of the world; they should not be permitted to go freely abroad. Yet, what shall be done for or with them, is at least a doubtful question in the minds of those who are responsible for them, and this question many are painfully anxious to settle.

DISPOSITION OF INSANE TRANSGRESSORS.

The violent and destructive insane, having already committed some act injurious to persons or property, are dangerous men, and must be restrained, at least for the good of the public, if not for their own. The peace and safety of the community demand that they be confined, and prevented from doing any further harm.

SOME INSANE TRANSGRESSORS PUNISHED MORE THAN SANE CONVICTS.

In most civilized countries, perhaps in all, such dangerous men as are here described are committed to prison at first; and these abodes of the willfully wicked are thus frequently made the temporary residence—sometimes the protracted, or even the permanent residence—of those whom the law expressly declares to be, “not guilty of crime by reason of their insanity.” More than this, it is a singular result of the inequality or imperfection of judicial administration that the insane man, who has committed acts of violence against persons or property, homicide, or other infraction of the law, without malice or evil intent, is punished more than the maliciously willful perpetrator of the same unlawful acts. The latter, the real criminal, is sentenced to prison for a definite period, proportioned to the nature and heinousness of his crime. At the end of this period he is set at liberty and allowed to go where he may please. But the insane man, without conviction of crime, or even form of sentence, is sent to the same prison and there confined indefinitely, or so long as his mental disorder may remain upon him and make it apparently unsafe for the public to allow him to go at large.

Thus, some of these violent patients have been imprisoned for ten, twenty, or even thirty years, and perhaps longer, not unfrequently for

life ; and, in all this time, subjected to the same restrictions and privations that are intended for the punishment of the guilty.

If the patient is lucky enough to get well in his prison-house, then the law lets go its hold on him, and he is set free as other men. This is better than they do in some other countries. A writer in the *Psychological Journal*, of London, for October, 1855, says, on pages 464, 465, and 467 :

“In England, in criminal cases, an acquittal on the ground of insanity is tantamount to perpetual imprisonment—and imprisonment, too, under the most degrading, humiliating, and painful circumstances. Whilst under the affliction of dire disease, destroying all power of rational thought and self-control, and that, too, when the mind is often tortured by wild and terrible phantasies, an overt act of crime is committed.” “The jury, fully recognizing the irresponsibility of the prisoner, acquit him of the charge.” “His attack of insanity, provocative of the offense for which he was tried, may have been temporary and transient in its character—similar, for illustration, to that of puerperal mental derangement. The law, however, in its profound wisdom, recognizes amongst criminal lunatics no distinction of classes. A man once criminally insane, continues so for the term of his natural life. A recovery is viewed as an impossibility, and liberation from restraint highly dangerous to the safety and welfare of society.”

“The law pretends to acquit on the ground of irresponsibility, induced by diseased brain and disordered mind, *and yet punishes those so acquitted with the severest penalty short of actual death on the scaffold.*”

SENT TO HOSPITALS.

Whenever States have opened hospitals for their insane, they have usually transferred a part or the whole of this class of patients from their prison-houses to the new and appropriate institutions, and there offered them the means of restoration, or of better protection in common with other patients. But, in the progress of the world, the attention to the wants of the insane, and the demand for hospital accommodations have generally increased faster than the governments or people have supplied them. These institutions are filled with patients, and still pressed with applications for the admission of others, who need, but cannot be admitted, to enjoy these privileges, for want of room. It is common thus to send away some of the old and incurable cases to

make room for the recent and curable patients, who can profit more from these opportunities of healing. As these insane law-breakers, if unrestored, are still supposed to be dangerous to the public safety and peace, they are again remanded to the jails, and there remain until, perhaps, some lucky change in their malady may render them manifestly harmless, or until death shall end their disease with their life. The law usually extends the same tender mercy to the new cases of this class; and whenever any insane homicide, incendiary, or other dangerous transgressor, who may have committed, or attempted to commit, any overt illegal act, is brought before the courts for trial, these administrators of the law are required to send him to the public hospital, if there be one, to be there treated like the other patients. If he recover, he is again set at liberty, and allowed to enjoy his former accustomed privileges, at home and in society. But if his disease defies the power and the art of the hospital to remove it, he, too, is frequently sent to the prison, there to take his smaller chance of restoration to health and freedom, and his greater chance of permanent confinement.

INSANE CONVICTS HAVE A CLAIM FOR THE MEANS OF CURE.

The insane convicts are originally in the hands of the officers of the law. They are in prisons when they become deranged. But although criminal, their insanity is a disease that needs to be, and probably may be, cured; and they have an undoubted claim upon the government for the suitable means of restoration. The law describes the punishment that shall be imposed for each kind of offense, and the courts measure this out in proportion to the aggravation of the crime. They intend to inflict just so much, and no more. These punishments are usually privation of liberty and of privileges, confinement and hard labor; and in some countries stripes and blows have been, and perhaps are now, included. The law proposes to deprive the prisoner of the present use of some of his powers; but it does not intend to destroy them. Maiming, if practiced any where, is left to barbarous tribes. Civilized nations have long since forbore to mutilate the body or limbs, or annihilate any of the powers that the benevolent Creator has granted to man.

Although justice claims a right to control and even appropriate some of the faculties of the convict, during the period of sentence, yet she promises to restore them all to him, in good condition, when he shall have finished the term assigned for his punishment. Moreover, she not

only disclaims all right to destroy any of the culprit's powers by any direct or voluntary act on her part, but acknowledges the obligation to prevent this happening from any accident or neglect, and to watch with almost a maternal care over convicted offenders, and protect them from every circumstance and evil influence that would impair their powers or their health. Therefore the prisons, and all connected with them,—yards, air, temperature, diet, employments, discipline, &c.,—are intended to be as favorable to health as other abodes and conditions of life. And when diseases happen, or accidents occur to their inmates, as they may to others at their homes, the law provides the usual means of relief—rest, physicians, surgeons, nurses, medicines, appropriate food, every thing that is required for similar cases abroad. If, from willfulness or negligence on the part of the government, or its officers or servants, any diseased or injured convict should be deprived of these means of healing, and should consequently lose the use of his eyes, or feet, or hands, or other bodily power, or have his energies impaired, or should die, it would be condemned as gross injustice ; for permanent blindness or lameness, or diminished vital force or death, was no part of the punishment intended by the law, or assigned by the courts to those who are compelled to suffer in the manner, and to the extent described in the judgment.

Diseases of the brain come under the same category as those of the body. They are usually temporary if they are properly attended to—they are permanent if they are neglected. If, then, a convict be attacked with insanity, justice cannot allow the conditions which she establishes for his discipline, to prevent him from enjoying the means of restoration that he would have obtained if he had been at liberty abroad ; for although confinement and labor were very properly and justly ordered as a punishment for his crime, yet it was not the intention of the law or of the courts to add to these a permanent loss of reason. As the government engages to provide for the sick convicts the usual means of relief suited to each one's peculiar malady, whether it be fever, dysentery, rheumatism, or other ailment, in order to render the disease as short and as light as possible, so it should provide the usual and suitable means of treating those who are insane. Among these, separation from familiar scenes and associates, and the peculiar facilities of occupying the disordered mind and of controlling the wayward thoughts and emotions, ordinarily stand most prominent, and are

generally deemed indispensable. But these cannot be obtained for him within the walls and amidst the circumstances and associations of the prison. He needs to be separated from these familiar scenes and people, as much as other deranged patients do from their families and more favored and desirable homes.

In 1844, the Legislature of Massachusetts passed a law, requiring the insane convicts in the State prison to be sent to the State Lunatic Hospital. It created a commission, consisting of the prison physician, and the medical superintendents of the Worcester Hospital and the McLean Asylum, to investigate the cases of suspected insanity, and remove these patients to the place of healing. In 1856, the law was amended, so that this commission now consists of the prison physician and the superintendents of the state hospitals, including those of Worcester and Taunton, and will include the superintendent of the hospital at Northampton, when that institution shall go into operation. We believe a similar privilege is allowed to the insane convicts in most of the other states which have a hospital. Thus both of these classes of the criminal insane are found in most of our public hospitals. This is one step in the progress of humanity: certainly it is a step for these patients; for as the choice for them was between the prison which is unfit, and the hospital which is appropriate to their condition, there can be no question as to the worth of this privilege granted to them by the increasing mercy of the law.

A MAN CANNOT PROPERLY BE PUNISHED WHILE INSANE.

There is another element in this improved policy in the treatment of the insane convicts, which has an important bearing upon the punishment of crime, as a matter of retributive justice, or as a punitive or reformatory measure, and therefore should command the serious consideration of the humane administrators of the law and of the criminal philosopher. Insanity is presumed to take from the sufferer the power of discriminating between right and wrong: it makes him legally and morally irresponsible for his acts, although they may be infractions of the law, and exonerates him from guilt and punishment, even though he may have committed homicide or arson. This disease must produce the same effect on the mind, the reason, and the sensibility, after any act of violence as it does before it. It must have the same effect of destroying, lessening, or perverting the judgment and the conscience, the right perception of the nature and the relations of things, in the

imprisoned convict as it does in the free man abroad. If the honest citizen, when he becomes a maniac at home, cannot appreciate the true motives of action and the obligations of duty, nor be governed and restrained by them from killing his fellow-man, or perpetrating any other unlawful act, the convicted homicide, or other law-breaker, when he becomes a maniac in prison, is equally unable to appreciate the consequences of his misdeeds, or understand the nature and objects of his incarceration, or be influenced by it to establish better principles, to reform his life, or abstain from the repetition of his crimes. It is, then, manifestly unphilosophical, as well as inhuman, to inflict upon the convict any part of the just punishment for his crimes, while he is laboring under insanity. It cannot, then, effect any of the purposes for which it was appointed, nor answer the ends of justice. It will create or give force to no better motives of action; but, on the other hand, it may increase the energy of the disease, or diminish the recuperative power, and lessen, if not destroy, the hope of restoration.

It would seem, then, that when insanity seizes upon a convict, the law should let go its hold upon him as a criminal, and look upon him only as a patient whose mind is unsound, and treat him as such. The execution of judgment for crime should be suspended so long as reason may be dethroned; and when this shall be re-established and healthy consciousness again enlivened, the restored patient should again be deemed a criminal, and finish the measure of his sentence, as originally prescribed for him.

This suspension of punishment, as such, during the period of lunacy, and its completion after recovery, is a mere matter of justice to the convict, who ought not to be required to suffer needlessly. It is due to society, for that has a claim, that all the retributive dealings with the criminal should make him less its enemy and a more trustworthy and acceptable citizen. This is but the application of a principle of common prudence, practised in every-day life, not only to select the best means to effect our purposes, but to use them only under the conditions and circumstances that will give them the greatest efficiency.

THE INSANE CONVICT SHOULD NOT BE RETAINED IN PRISON AS A
PATIENT.

If the insane convict should not be kept in prison as a criminal and for punishment, still less should he be confined there as a patient for cure or for custody. The prison is fitted for its purpose—the punish-

ment and reform of offenders. But, in as far as it is suitable for them, it is unsuitable for the diseased in mind. The form and arrangements of the buildings, the grounds, the officers, keepers, and guard, the regulations and discipline of the establishment are all selected in reference to a class of men whose mental health and liability are widely different from those of the insane. These are well adapted to the criminal's condition and wants. He can understand and be influenced by them. They supply him with motives of action, and keep him in a state of obedience for the time being, at least. But the prison and its circumstances, its men and laws, have no such controlling power over its insane inmates. They rather excite than subdue their already disturbed feelings, and their perverted understanding. They irritate more than they overcome. They strengthen rather than remove delusions.

Moreover, the prison and its authorities are not only unable to govern the insane prisoners as they should be, but the presence of even a few of these operates as a disturbing cause, and renders the whole administration more difficult and burdensome to those who have the general superintendence, and the immediate management of its people and affairs. The prison and the insane are mutually unadapted and unacceptable to each other, and both parties claim a separation. This seems now to be admitted. Few object to the claim, and deny that the patient should be removed from the jail. But whither shall he be carried? Where shall he find a suitable and a willing home during his derangement? This is a question more difficult to be solved even than the others; for the unfitness of the prison is manifest, but the fitness of any other place or establishment now in existence for the insane convict is yet to be shown.

INSANE CONVICTS IN HOSPITALS INJURIOUS TO HONEST PATIENTS.

It has been already stated that these patients are now generally removed to the hospitals. That at present seems to be necessary. There are only two kinds of establishments prepared with sufficient strength to retain uncertain and untrustworthy men. If, therefore, they are removed from the jail, they must go to the other. In so doing, the insane convict gains every advantage that humanity and science can offer; he obtains all the means of restoration that are granted to the honest and untainted patient. Looking at his interest alone, this measure must be considered a good one. But, looking at the interests of the other and innocent patients, who constitute the very great majority of

the inmates of these institutions, the mingling of these two classes together is at least a matter of questionable propriety, if not of certain wrong.

It is an established principle, in the management of the insane, that their natural and healthy sensibilities are not to be wounded, their reasonable opinions are not to be contradicted, and even their harmless notions and prejudices, their likes and dislikes, are not to be disturbed, except so far as may be necessary for the healing of their malady. So far as is consistent with the great object of their treatment, their usual tastes are to be indulged, their habits allowed, and their feelings gratified; and they should be called upon to undergo as few privations and to meet with as little denial of their proper wants as possible.

Moreover, the natural sensibilities are often exalted and the irritability increased in insanity. Some patients bear contradiction and mortification with less composure than they did in health; these are, therefore, to be treated with more tenderness and respect than others.

From the earliest childhood, nothing is more deeply impressed upon the mind than a reverence for the law of God and for the law of man, and also an abhorrence of those who willfully violate them. This feeling grows with our growth and strengthens through life. We loathe crime, we detest criminals; and we shrink from the very thought of the one and the contact with the other. Akin to this feeling is the anxiety which men manifest in the selection of their companions. In the associations of the world, men arrange themselves according to their character and their tastes, and seek and enjoy those who have feelings, opinions, or habits in common with themselves. The lines of distinction are everywhere drawn between those of one class and those of other classes. And though some are on the doubtful borders of honesty and crime, and some do not perceive, or are willing to overlook the difference, and others, from charitable or other motives, do not regard them, yet the separation between the honest and acknowledged criminal is broad and distinct, and is impassable in social life. All of these are natural and healthy feelings and sensibilities. They are or they should be at all times and everywhere cultivated. Society encourages and even demands this, and individuals cherish it as a part of the foundation on which their personal dignity and self-respect shall rest. These feelings are not lost in insanity; or, if they appear to be, they are only impaired or overborne by the malady, and are again to be restored. They are to be watched and sustained in their full energy if

they exist; they are to be nurtured and strengthened if they are disordered or weakened; but never, in any case, are they to be assailed, offended, or treated with disrespect.

The mingling of the honest and respectable patients, from the homes of cultivation, purity, and innocence, with the convicts from the prisons;—compelling the high-minded and self-respecting to associate with the guilty and the corrupt day by day, and month after month, to live together in the same house, the same halls and parlors, and eat at the same table with the acknowledged felon,—to be his companion and hear his vulgar and obscene language,—to listen to his low sentiments, attend to his jeers, his corrupting falsehood and tales of crime,—these must surely be, not merely offensive to the sensibilities of the purer class of patients, but must shock their feelings, and do violence to their natural and healthy sentiments. It is mortifying to their pride, and must be a great obstacle to their recovery. There is neither honesty nor propriety in requiring the insane man, who cannot govern himself or select his associates, to submit, in his weakness, to any indignity or mortification not necessary for his cure. But in all the stages of his malady he should be treated, as far as possible, with all the respect and deference that, in his health, is due to his character and station. And as he would not voluntarily associate with criminals, nor select his companions from the jails, when he could make his own selection, so he should not be required to live with them when he is mentally diseased.

INSANE CONVICTS DISTURB THE ADMINISTRATION OF HOSPITALS.

Beside the injury which is done to the innocent insane by compelling him to associate with the convicts, there is in the hospital and its whole administration an inherent objection to this mixture of these classes. The establishment is unavoidably a place of restraint; yet this must be as light as the several cases committed to it may require. The house is necessarily stronger than a common dwelling, yet it is important that it have as little of the air and appearance of a prison as possible. It is well to dispense with all means and show of coercion, thick walls, heavily-barred windows, iron doors, &c., that are not needed, and thus to make the whole appear to the inmates as cheerful, free and inviting as is consistent with its purposes.

The management of the hospital is subject to the same law. It should have none of the appearance of imprisonment, nor of suspi-

ciousness, but it should manifest as much confiding trust, and give the patients as much liberty as their disorders allow. In all ways they should be treated as weaker and suffering brethren requiring aid and sympathy and protection, rather than as prisoners that need to be watched and guarded lest they run away. It is not easy, perhaps not possible, to have a divided administration in the same hospital, nor to have any difference of treatment, or any separation or classification, except such as arise out of different manifestations of disease. Those of the same form of disorder, whatever may have been their previous history, must be arranged in the same halls together.

The criminal patients are frequently cunning and untrustworthy. Having been previously in prison, they are more accustomed to attempting escapes; and being doomed to return to their prison when their mental disorder shall be removed, they have a stronger and more urgent motive to use their present opportunities to get away. They are therefore uneasy and restless under the restraints of the hospital confinement. Wherever they are confined it is necessary that all the material arrangements of buildings, &c., should be stronger, and the discipline more severe and unrelaxing, the government more rigid, and fewer privileges and indulgences allowed, than would be requisite and proper in an establishment devoted exclusively to the honest class of patients. The presence of the convicts in the common hospitals renders the whole administration not only less comfortable to the others, who constitute the great majority of the inmates, but also less favorable to their recovery. The officers and attendants are troubled with doubts and disappointments. They cannot do that which they desire to do, and would do with advantage for the more trustworthy insane, because that would peril the safe custody and the control of the others. And while they are compelled to shape their plans to the liabilities or proclivities of the few, they feel that they are depriving the great body of those under their care of some of the means of recovery that they have a right to enjoy.

Even though the structure and discipline might be one and the same for all, yet these two classes do not harmonize well together, and both are made to suffer. The honest lunatic is disgusted and offended at the very sight of the other. He is often irritable, unbalanced, and indiscreet. He will taunt the convict with his crimes, and abuse and coarse ribaldry will be returned. Hence quarrels and criminations and recriminations are apt to arise and disturb the wards, where peace

alone should reign. Injury is then done to both parties : the convict is not improved, and the honest patient is made worse by this undesirable connection.

CHARACTER AND MANAGEMENT OF INSANE TRANSGRESSORS.

The other class of the criminal insane, whose misdeeds are due solely to their disordered mind, who have neither been tried for, nor convicted of crime, seems, in England, to be included in the same category with the felon, when any general complaints are made of the difficulty and trouble of managing them, and when any plans are proposed for their relief, and it is sometimes the same in this country. In America this class are generally supposed to have borne a good character, and to have been peaceable and acceptable citizens until their minds were deranged, when they were disposed to be violent or otherwise unsafe members of society. But in England they are supposed by some to be loose in their principles, irregular in their habits, and troublesome, and almost criminal, before they committed the overt acts for which they were arrested and confined.

Mr. Ley, the Superintendent of the Oxford and Berks Asylum, in his pamphlet, addressed to the secretary of the superintendents of insane asylums, says : "These patients are not criminal, neither are they pauper. This class of prisoners are commonly more vagrant and unsettled in their previous habits. They are of less honest or moral conduct previously to their insanity. They are more accustomed to a life of petty theft, or mischief; to resort to the lowest lodgings, or to be at night in the open air; they are publicly known, not as quiet, orderly persons, under misfortune, but persons of bad habit, example, company, and resort. The feeling of degradation in the association with them is not in the lunacy; it is in the known previous character, which is never expected to be converted, by madness, from worse to better. The addition of insanity to previous bad character creates instinctive revolt.

"The legally insane are not necessarily or generally brought to the legal question by the loss of mind, so much as by its perversion. They are of such conduct, that having escaped that amount of insanity which would have insured them the early protection of the county asylum, they are free to mischief by the doubt; they resist control; deny insanity or the justice of their detention; they have haunts ready to

receive them; they can still get a living by the vice they practiced before they were insane; they yearn for licentious liberty."

In America, however good their character may have been, however peaceable and acceptable citizens they were before they became insane, yet, on account of their present destructive or injurious propensity, they must be restrained in their liberty for the public security. They are therefore sent at once to a prison and kept there until the courts determine what shall be done with them. This preliminary imprisonment is usually only temporary, yet, even if it be permanent, it has the advantage of separating the patient from his accustomed scenes and associates, and gives him this chance of recovery; but it affords none of the comforts and other alleviating influences that are needed for restoration to health. The prison is even more unfit for this guiltless transgressor of the law than it is for the convict, when deprived of reason. The guilty maniac is at least used to the place, and the discipline that governs it, and to the men that occupy it; but the honest maniac is shocked and excited by the new and offensive scenes and associates that he meets there; he is mortified by his position; he is disturbed by the idle and frivolous visitors, who love to see how the crazy man looks, and hear what strange things he may say—these aggravate his disorder and lessen his hope of recovery.

BOTH INSANE CONVICTS AND TRANSGRESSORS NEED TO BE HEALED, NOT IMPRISONED.

It appears then, that the dangerous, but honest insane, should not be sent to the prisons, nor should the convicted insane be retained there during the period of their disease. Among the people generally, and among men of science universally, it is admitted, that the violence and destructive propensity of the former, and the melancholy, dementia, or perversity of whatever sort, in the latter are disease and not crime, and can be healed in these patients as well as similar disorders in other and unsuspected and honest patients, provided they could enjoy the same appropriate means and influences. But as these means and influences have not been found and cannot be created in a jail, humanity, resolutely determined that this class of patients should suffer needlessly no longer, and the law, as if willing to compensate for past neglect, at whatever cost to others, have combined together and sent them to the hospitals.

THIS EXPERIMENT UNSATISFACTORY.

This experiment was satisfactory to the prison-keepers, for the relief to them was great and entire. It was satisfactory to the convict patients also, for they gained every thing and lost nothing. But it was very unsatisfactory to the hospital officers, for it increased their cares and disturbed their administration. It was peculiarly painful to the honest patients, for it compelled them to live with persons who were very offensive to them.

This experiment has now been tried for several years, both in Great Britain and in the United States, yet it has gained no new friends: on the contrary, it has lost many who favored it at first. The prison officers still rejoice in this relief from a disturbing element in their establishments, and the hospital managers find it none the less objectionable. But the friends of humanity and the people, who think of this matter at all, looking at the interests of the great majority of the inmates in the hospitals,—the respectable and untainted patients, are now convinced that although they did a good thing when they persuaded the law to take these patients out of the jails, they did a bad thing when they advised that they be sent to the other institutions.

OPINIONS IN GREAT BRITAIN.

The *Association of Superintendents of British Institutions for the Insane*, have unanimously petitioned Parliament to relieve them of this burden, and to establish a central criminal lunatic asylum for all this class of patients.

These Superintendents, individually, have endeavored, and are endeavoring, to create an influence that will bring about the same end. The British Commissioners in Lunacy, in eight of their ten reports to the Government, have urged this measure. They carefully investigated this matter; they cautiously formed their opinion, and they have perseveringly declared that these patients ought not to be put into the hospitals with others, but that some separate and appropriate establishment should be provided for them.

In their first report, that for 1844, they say:

“We entertain a strong opinion, that it is highly desirable that arrangements should be made for the separate care and custody of criminal lunatics.

“It is desirable that arrangements should be made with one or more public institutions, as Bethlehem Hospital, or that a separate class should be formed

in some convenient prison, so as to prevent their association, either with other prisoners or the inmates generally of lunatic asylums."—P. 199.

In their fourth report, for 1849, they say :

"The confinement of criminal patients in lunatic asylums of the ordinary description, as well with reference to their safe custody and the due protection of the public as with reference to the feelings of the general body of inmates, with whom, when under treatment, they must be associated there, is open to grave objections."—P. 12.

In that year the Secretary of State contracted with the proprietor of the Fisherton House to receive, in a separate ward, fitted for the purpose, twenty-four male patients, whose offenses have not been marked by circumstances of atrocity or violence.

In the fifth report, for 1850, they say :

"We entertain the same opinions which we expressed in our last report, relative to the class of insane patients termed state or criminal lunatics.

"Your Lordships are aware that the construction of lunatic asylums is so essentially different from that of prisons, that an effectual security against the escape of criminals cannot be provided without restricting the liberty of other patients, with whom they are necessarily associated, and materially interfering with that treatment and general arrangement which ought to be adopted for their benefit."—P. 16.

In their sixth report, for 1851, they say :

"We cannot allow this opportunity to pass without repeating the strong objections which, in common with the visiting justices and superintendents of asylums, we entertain, and have frequently expressed, both in our previous reports and in communications with the Home Office, to the committal of criminal lunatics to asylums not appropriated exclusively to them, and to their confinement and association with the ordinary inmates of those institutions."—P. 20.

In their seventh report, for 1852, they say :

"Since the last report we have given the subject [criminal lunatics] much consideration. Circulars were addressed to the Visitors of county lunatic asylums, and to the Superintendents and proprietors of hospitals and licensed houses, throughout England and Wales.

"The information sought to be obtained thereby was, first : A return of all the patients confined under the royal authority, or Secretary of State's warrants, or confined by order of justices, as persons apprehended under circumstances denoting derangement of mind, and a purpose of committing an indictable offense. Second : The observations and opinions of the several visiting justices, superintendents and proprietors of lunatic asylums, on

the subject of criminal lunatics generally, and more especially on the question of their association with the ordinary inmates of those establishments.

“The opinions as to the propriety of associating criminal with ordinary lunatics form the subject of numerous letters addressed to this Board.

“The main objections raised to the association of the two classes of patients are :

“I. That such association is unjust, and that it gives pain and offense to ordinary patients (who are generally very sensitive to any supposed degradation) and also to their friends.

“II. That its moral effect is bad, the language and habits of criminal patients being offensive, and their propensities almost invariably bad. That in cases of simulated insanity (which seem to be not infrequent) the patient is generally of the worst character; and that even where the patient is actually insane, the insanity has been often caused by vicious habits. That patients of this class frequently attempt to escape, and cause dissatisfaction and insubordination among other patients.

“III. That a necessity for stricter custody exists for one class than for the other, and that this interferes with the proper discipline, classification, and general treatment, and strengthens the common delusion, that an asylum is a prison.

“IV. That criminal patients concentrate attention on themselves, and deprive the other patients of their due share of care from the attendants.

“V. That the effect on the criminal patients themselves is bad; that they are taunted by the other patients, and are irritated on seeing such other patients discharged.

“These and other objections have been expressed by almost all the superintendents and proprietors of lunatic establishments in England.”—P. 32.

In their eighth report, for 1854, they again urge :

“Continued experience and observation have tended to confirm the views expressed in the several reports, in respect to the criminal insane.

“We think it very important that ordinary asylums should be, in fact and character, considered and managed simply as hospitals for the medical and moral treatment of insanity. Residence therein should not be associated, in the minds of the inmates or their relatives, with the degrading ideas of criminality and imprisonment.

“Provision should be made for the separate custody, care, and treatment, in asylums exclusively appropriated to the purpose, of criminal lunatics of various classes, confined under the royal, or Secretary of State’s warrants.

“The State asylums would, of course, be so constructed as to admit of the due classification of the inmates with reference to the nature of crime, mental state and habits, and previous conditions of life.”—P. 45.

In their ninth report, for 1855, they add :

“Continued observation and inquiry have confirmed and strengthened the

views which we have for so many years submitted; and we now desire to express our regret that our statements and remarks have not, as yet, led to any practical result."—P. 41.

Another year passed, and yet nothing was done. The Commissioners still urged the matter on the attention of the Government, and in their tenth report, submitted to the Lord Chancellor in March, 1856, they state :

"The important subject of criminal lunatics, and of the provision to be made for their separate care and treatment in a State asylum, continues to occupy the serious attention of the Board. As soon as the detailed inquiries in progress, relative to the criminal lunatics at present inmates of asylums, hospitals, licensed houses, and jails, shall have been completed, we shall be in a position, and we propose to submit to the Secretary of State for the Home Department some specific recommendations upon this pressing matter."—P. 29.

It is to be hoped that such earnestness and perseverance of a body, so able and so highly qualified as this Board of Commissioners, will bring about some practical result. We shall look to their next report with confidence of finding some plan that may be not only useful and available in Her Majesty's dominions, but also in the United States.

CRIMINAL INSANE HOSPITAL IN IRELAND.

This experiment has been tried in Ireland for about six years, and with good success. The British Commissioners in Lunacy, in their eighth report, for 1854, page 48, say : "The Central Asylum at Dundrum, near Dublin, which was established by Government, under the provisions of the Act, 8 and 9 Vict., was reported by the Inspectors, in their sixth report, 1853, after it had been in full operation six years, as having been eminently successful, and as having realized the object for which it was originally experimentally intended."

The *Psychological Journal of Medicine* for October, 1855, says : "The Central Asylum at Dundrum, for the safe custody of insane persons charged with offenses in Ireland, has from its opening proved eminently successful. The number of patients amounts to 126. The admissions are restricted to cases of a grave character, or to those where, though the offenses might not be very serious in themselves, the offenders had evinced particularly dangerous symptoms or inveterate propensities of a criminal nature."—P. 163.

This is the only experiment that has been fully and fairly tried, unless we except that of the Bethlehem Hospital in London, which,

laboring under some disadvantages, has not had a good opportunity to test the principle of separation of convict lunatics. Nevertheless, it has not been a failure there.

NO REMEDY YET PROVIDED.

There is no difficulty in establishing the impropriety of confining insane convicts in the common hospitals with the respectable and untainted patients, and there is an apparent wrong in placing the insane transgressors there; but it is far from easy to find a suitable remedy, which will meet their wants in the United States. Therefore, both here and elsewhere, the wrong-doers and the convicts, when mentally deranged, have been, and are, allowed to enjoy the usual means of relief in the common hospitals in company with other and innocent patients.

The friends of reform in this matter in Great Britain, although united as to its necessity, and supported by the Commissioners in Lunacy, and probably by men in high authority, and although they have been agitating the subject for more than twelve years, and urging it upon the Government, have as yet accomplished nothing.

OBSTACLES IN THE UNITED STATES.

These complaints, although freely made in this country, have met with no response from any of the powers that be, except in Connecticut, and a satisfactory way of relief is not discovered even in that, or in any other of the States.

Our National Government has no authority to make provision for the criminal and convict insane, nor even for any other except those in the District of Columbia and those that belong to the army and navy. The States severally provide for their own insane. Each builds its own hospitals, or otherwise administers its own charities. Hence arises a practical difficulty here, in the want of a sufficient number of criminal and convict patients in any State to justify the building and organizing an establishment expressly for them.

REMEDY MAY BE PROVIDED IN GREAT BRITAIN.

There is no such difficulty in Great Britain. By the law of the realm, the counties and the boroughs build their several insane hospitals, or in some other way provide the means of healing or protecting or guarding the patients that respectively belong to them. If these

counties and boroughs should attempt to make separate provision for their insane transgressors and convicts, they would find the same obstacle in the want of numbers as we do in the American States. But the same power that requires the counties individually to create their several hospitals, can of itself create one or more for any special class of insane.

Taking the whole of England, there would be found a sufficient number of the criminal insane to fill one or more hospitals. According to the last report of the Commissioners in Lunacy, dated March 31st, 1856, there were in thirty-four county and borough asylums and hospitals, and in eighteen licensed houses, in England and Wales, 559 criminal lunatics confined, either for treatment or for custody. It is probable that there were some, though perhaps only a few, of this class of patients in the prisons; but of these the report takes no cognizance. The 559 lunatics are enough to fill one very large hospital, and more properly two of suitable size for the best treatment, and to permit sufficient occupation for a complete corps of officers, attendants, servants, &c.

PROPOSED PLAN IN MASSACHUSETTS.

To meet these difficulties in this country, there have been two plans proposed in Massachusetts and Connecticut.

The late Commission on Lunacy in Massachusetts, in their report on the insane and idiots in that state, proposed that, at a future time, the Commonwealth provide a hospital especially for the state-pauper insane, who are almost all foreigners, and that in, or connected with, this establishment there should be a building, wing, or ward devoted exclusively to the criminal and convict patients; and that this department should be made strong, and provided with all the means of restraint and security that are needed for the safe custody of this class, and that the officers and attendants who should have the immediate charge of them should be fitted, by their character and habits, to meet the condition, tendencies, and liabilities of those under their care.

This plan would seem to meet the wants of this class, without interfering with the comfort or the prospects of the others that might be in the same institution. Yet it is only prospective, and contingent upon another, which it is not proposed to adopt for some time to come. And it is far from certain that the Legislature which shall be in power

at the suitable time will look upon the scheme with favor and put it in practice.

PLAN IN CONNECTICUT.

In Connecticut, the *Medical Society*, in 1855, feeling aggrieved at the custom of sending the insane convicts to the Retreat at Hartford, or of keeping them in prison, petitioned the Legislature to take the matter into consideration, to make inquiry as to the state and propriety of the facts, and see whether some relief might not be obtained for both of these institutions, as well as for the patients.

The Legislature granted the prayer of the petitioners, and created a commission, with directions to make this inquiry and to devise a plan for the better care of the insane convicts, if they should think a change should be needed.

The plan proposed by the Commission was described by one of the Board in a letter to the writer of this paper, and his criticisms and opinions as to its merits and feasibility were asked. This plan has since been put into execution at Weathersfield, and the establishment may now be nearly or quite ready for occupancy as a hospital.

“We inclose two acres of good land, light and dry, by a high and secure wall. Within this, and close to the east wall of the prison, we erect a building, extending to the east, and large enough to accommodate about thirty inmates, which is to be heated by steam and lighted by gas, both of which can be procured from supplies already existing on the premises. The cooking is to be done in the prison kitchen, and the inmates guarded, in part, by existing arrangements.”*

The hospital is to be in the form of a modern prison—a double building—one within another. The outer is to be of brick or stone, perforated with numerous windows, which are to be sufficiently guarded with strong gratings. Within this outer house, or shell, is to be the inner building, or especial dwelling of the patients. “Its extreme length will be about one hundred and twelve feet, and its breadth seventeen feet and eight inches.” “The rooms will be about the size of those in the Cottage in the Retreat at Hartford—eleven feet long, eight feet wide, and nine feet high.” From the numerous windows in the outer wall the inner rooms can be made light and cheerful, and they will be “ventilated

* Extracted and condensed from the letter of Dr. E. K. Hunt, of Hartford, Ct., one of the Commissioners.

from the top by means of the most approved ventilators." Between the inner and the outer building, or shell, there is to be an area ten feet wide, running all around, and open from the ground-floor to the attic-floor, or the roof. The inner building is to be three stories high, and the rooms are to open into the surrounding area, and to be accessible by an iron balcony running in front of each story. The cells are to be guarded with iron doors, and these to be fastened with bolts, as in ordinary prisons. "The inmates are to have a comfortable bed, a nutritious and palatable diet, and to take as much exercise as their health will permit on the grounds—which are to be kept as a garden—and to take such and so much medicine as an intelligent physician deems needful."*

Probably this part of the establishment, being immediately connected with the prison, will be under the general charge of the prison officers, certainly under the prison physician ; and the general laws of the prison will be used for the government of the insane convicts.

This plan has many things to commend it—certainly it is better than to retain these patients in the prison with the other convicts. It is better for the honest and respectable patients that these should not be mingled with them. It will, therefore, and to this extent, be supported by those who have the charge of the prisons and the insane hospitals, and probably by the people at large—at least by those who have friends in the common asylums. It probably will meet with favor from legislatures, who have the responsibility of providing for criminals in every condition. Yet, as it is liable to grave objections, and it is worth while to examine it in all its bearings, before any others are committed to its adoption and practice, we here give the substance of the answer returned to the Connecticut Commissioners in respect to the plan proposed by them.

OBJECTIONS TO THE CONNECTICUT PLAN.

This class of patients are subject to the same law of disease that governs all others. They are liable to be disturbed, and their maladies may be increased or continued by the connection or association with the scenes and persons that surrounded them, or were familiar to them, before they were deranged. They, therefore, need to be removed, and be placed among such as are new and strange, and such as will not bring back or keep alive their delusions or morbid feelings.

* Ibid.

The insane convict was disturbed in mind, and lost his reason in the prison, amidst the few circumstances, the narrow scenes, and limited company of that place. These, and all the influences connected with or growing out of them, are less numerous than those which surround and affect the free man in the broad world, and the impression they make on the convict's mind must be intense in the inverse ratio of their numbers. There is, then, even a greater necessity that these patients should have a change of scenes and associates than those who become deranged at home, and in the midst of a wider society. He needs not only a change of place, but a change in the appearance and character of his dwelling. The hospital to which he is to be carried should not be merely another prison—a mere repetition of that which he leaves—alike in form, and structure, and arrangement. He should have something different from the inner building and outer shell, with the undivided area between,—some other than the narrow cells, with iron doors, and suspended balconies before them; for these he had before, and they are no change to him. Nor should his yard or exercising ground be inclosed with high, stone walls close upon him, for he looked on such when he labored in the prison.

The occupations of the convict are necessarily limited. They are mechanical, and not agricultural, and only a narrow range of handicrafts can be practiced in his home, and it is not safe to allow him to work abroad. All of these, like the scenes and persons, are deeply impressed upon the convict's mind, and should be exchanged for others when he becomes insane.

It is not sufficient, then, that the insane convict should be changed from one prison called by that name, to another called a hospital; but he should have a change in every thing—in place, form and resemblance of building, associates, employments, and general arrangement; and, more than all, in the manner of discipline.

THE CRIMINAL HOSPITAL MAY BE NEAR THE PRISON.

There may be no objection to placing this insane-convict hospital in the same town with the prison. Very few of the prisoners have lived or belong there. During the whole of their residence there, they have been confined within the walls of the prison or yard. They have no acquaintance with the streets or localities of the town; all its parts are as strange to them as other and distant towns; and, moreover, the hospital grounds are presumed to be surrounded by walls, or fences,

which the patients will not pass. To remove a patient from the prison in Auburn, Sing Sing, Weathersfield, Charlestown, or Philadelphia, to a hospital in another street in the same city, would be as decided a change of scene and circumstances, as the removal of ordinary lunatics from their homes in one county to the common hospital in another.

On the other hand, there may be some advantage in having the hospital within the reach of the prison physician, and perhaps under the charge of the same medical officer. There are some cases of insanity occurring in the prison, which, under the rigid discipline of the establishment, are not manifested with sufficient distinctness to be detected by the officers. When the Massachusetts commissioners, including two superintendents of hospitals, made their first examination of the mental condition of the convicts who might be supposed to be insane in the State Prison, they discovered several who had delusions, that had escaped the notice of the physician and other authorities of the institution. If the prison physician has charge also of the insane hospital, he will have a wider opportunity to investigate this disease; and this observation will give him a tact that will enable him to detect any mental aberration in its very beginning.

Life in the hospital is apparently easier and less restrained, certainly under less severity of discipline than that in the prison, and seems to offer more opportunities of escape. The prisoner is therefore inclined to look upon it with favor, as either in itself more desirable, or as more favorable to any plans he may entertain of going abroad. There are, then, strong inducements for the convict to feign insanity; and some do feign it with so much success as to elude the skill of the ordinary prison physician to detect the imposture. This is an additional reason for having the insane hospital for the convicts under the supervision of the same medical officer that attends the prison, and involves the necessity of having both of the establishments in the same town, or at least within the reach of the attending physician.

THE HOSPITAL SHOULD BE UNLIKE A PRISON.

Although these establishments may be in the same town, yet, otherwise, in their internal and external arrangements, in their whole life, administration, and discipline, they should differ from each other as widely as a common insane hospital does from a common dwelling; so that the insane convict should, in his new home, see as little as possible to remind him, or bring back the associations and feelings, of the old and

recent home from which he has been taken. On this account the convict's hospital should not be like his prison, but, as far as is consistent with security, like the hospitals designed for honest men. The diet, the manner of eating out of tin vessels in their solitary cells, which are, perhaps, sufficiently appropriate in the jails, should be avoided, and the guilty patients be allowed to gather around and eat at tables furnished with the ordinary utensils, plates, &c.; and, so far as may be, the common habits and manners, the usual courtesies of life, should be required of them.

The clothing, the prison uniform of many colors, which stamps on its wearer the revelation of his home, should be exchanged for other garments. It may not be necessary to clothe the patient in undistinguishable citizen's dress. It may be expedient to give him some form or style of raiment that will mark him as not a citizen of the world, by which he may be easily described and recognized if he should escape. Yet this need not be the counterpart of that which he and other convicts wear while undergoing punishment.

CRIMINALS SHOULD NOT BE ATTENDANTS.

There is a strong temptation to employ sane convicts to take care of the patients in prison. We know that this has been done in some instances. These attendants may be, and probably are, of the better sort of prisoners. They are the picked men of the establishment; the kindest, the most discreet, and the most reliable of their class. Yet they are convicts. They have been the associates, and perhaps the friends, of the patients. Certainly these are similar in character and manners, and in habits of thought, to those among whom they become diseased. The selection of these to attend upon and watch their insane fellows, does not permit the latter to enjoy through them that change of association which they need.

Beside this error in remedial management, there is a glaring and undeniable wrong in intrusting a person so helpless and unprotected as the insane, to the care of the dishonest and irresponsible convict. There are manifold ways in which the patient may be made to suffer, and his malady protracted or increased, by neglect or abuse on the part of those who have immediate charge of him. In all the relations in which these parties stand to each other, in every circumstance of their associated life, there are numberless and incessant opportunities occurring, wherein, by deed, by word, or by look, by attitude of body or by

expression of countenance, positive wrong may be inflicted upon the patient, or good and comfort may be withheld from him, and yet he cannot resist the one nor claim and obtain the other. His disease makes him powerless in himself, and his excited, unbalanced mind, and his demented state, deprive him of that confidence of the superior officers in his complaints, and that redress and protection which, in the same circumstances, would be granted to men in a healthier mental condition.

There are few cases where one man is more completely in the power of another, than an insane person in the hands of his attendant; perhaps, none where so much is trusted to the honor and the responsibility of the stronger party; and none where truth, faithfulness, and tenderness are so absolutely required. The convict's previous life and his present condition are but poor recommendations for this delicate and important post. If he violated the confidence of the broad world, and could not be depended upon among sane and honest men, where all eyes were looking upon him, and he had every motive for true and faithful action, certainly he cannot be considered a safe and reliable keeper of the melancholic or demented patient, who can not complain if he is injured or neglected; or of the maniac who may be violent, irritating, and provoking, but who will not be believed when he tells of his wrongs.

OCCUPATION.

The insane convict needs occupation as much as the other and more honest patients. He has been employed in the prison, mostly in some mechanic art or in hammering stone, and he now wants some agricultural labor—something to do on the land. This would require more extent of ground than is commonly connected with penitentiaries, and more than it is proposed to appropriate for this purpose at Weathersfield in Connecticut.

HOSPITAL MUST BE SECURE.

In all this diversity it is yet necessary that the hospital for the insane convict should be made strong, and in the buildings and in the yards it should have all the elements and the arrangements for security. In the number and character of the attendants, servants, and all that come in contact with the patients, or are employed about the establishment, the same idea should prevail; for it must not be forgotten that the patients

are criminals, and under sentence of punishment; that they are only transferred from the prison for a time, and are to be again returned to their close confinement as soon as their mental disorder shall be removed. They have, therefore, every inducement to break their present bonds; to feign disease, in the first place, in order to get into the hospital; or, if their malady be real, to feign such condition of weakness, or pain, or dementia, as will, at least, inspire confidence and disarm suspicion, and relax watchfulness, and leave the way more open for escape.

SHALL THE INSANE TRANSGRESSORS AND THE INSANE CONVICTS BE
TOGETHER IN THE HOSPITAL?

There yet arises the question, whether the other class of criminals, or dangerous insane, who have violated the law under the influence of their disorder, but are neither convicted nor condemned, shall be confined in the same hospital with the insane convicts, or with the honest and untainted patients. If these are of such character as Mr. Ley seems to suppose they are, in England,—if they have been leading lives almost criminal, petty thieves, brawlers, disturbers of the peace, keeping just clear of such overt acts as would bring them within the grasp of the officers of justice,—there can hardly be a doubt that they should be placed in the house with the more decidedly criminal patients!

Those, too, who are yet violent and dangerous, whose presence in the common hospital would be unsafe and terrifying to the inmates, and who require more than ordinary watchfulness and vigilance for their security, or who cannot be managed by the usual means and discipline, may be sent to the same institution.

But if they are such as are generally found here—persons of good character, and of harmless and inoffensive lives, until they become insane,—if their acts of violence and wrong, homicide, arson, theft, grew out of the disordered intellect, and indicate no more guilt than the perverseness of the struggling maniac,—and if they can be safely managed in a common institution—there is a doubt whether they should be confined and live in the hospital appropriated to the felons, and to associate with them there.

The sensibilities of the honest and innocent insane are keen, and are to be regarded; yet they have charitable feelings and just sentiments, like other persons; they are not so much offended with those who have

committed violence, without guilty intent, under the influence of disease, as they are with the willful convict, who can plead no mental disorder as an excuse for his crimes. Like others, they look rather at the character of the person than to the specific act.

Without attempting to settle this question by any fixed rule or law, it may very properly be left to the courts, to determine, in each case, whether the insane transgressor of the law shall be sent to the convict's or to the other hospital. This decision would, of course, include the consideration of the history and the present condition of the patient, and the doubt, if there be any, as to the degree of innocence or guilty intent involved in the act.

NO STATE ALONE CAN PROVIDE CRIMINAL HOSPITAL.

We have no means of knowing how many of these patients of either class there are in any of our states. According to the official reports, there were in the prisons and jails, and the receptacles connected with them in Massachusetts, one hundred and sixty-seven insane persons in 1854, and one hundred and sixty-nine in 1855. But neither the record nor the reports show how many of these were convicts, or in any way transgressors of the law. It is certain that some, and it is probable that most, of these were not criminal, but were merely state paupers, and were kept there for the want of better homes. Some were houseless wanderers, strolling over the country without purpose or occupation, vagabonds in the eye of the law, and sent to these prisons for better custody or guardianship. We have still less information as to the actual numbers of the criminal and convict insane in other states. Yet we think we are safe in saying that not even New York can furnish enough of these patients to fill a small hospital.

It is plain, then, that none of the American States can properly provide a hospital for the convict insane: nor can our national government establish one or more central hospitals for this class, as it is proposed in Great Britain; for its authority does not allow it to make such provision for the general accommodation of the members of the confederacy.

THE HOSPITAL MAY BE PROVIDED BY ASSOCIATION OF STATES.

Although this cannot be accomplished by the concentrated authority and power of the nation, yet it may, perhaps, be done by the union and co-operation of several of the states for this purpose. By this arrangement a sufficient number of patients of this class could be gathered to

fill a hospital, and each state could contribute to the cost of creating and supporting the establishment in proportion to the number of patients which it should keep there. In this case the hospital would be the common property, and governed by the common authority of the several parties who may be thus associated together.

Another plan suggests itself, which may meet with more favor, because it has been and is tried successfully, for parallel purposes, in several instances here. Any state may build such an institution for its own patients, and for those of other and neighboring states, receiving, by agreement, a suitable compensation, or a due proportion of the cost. This plan is found to work well in the Asylum for the Deaf and Dumb at Hartford, in Connecticut, which opens its doors to these speechless children in all New England, and in the other states. The Blind Asylum at Boston extends its favors to the North-Eastern and some of the Southern and Western States. The Idiot School of Massachusetts receives any imperfect children that may be sent to it from every part of the nation. Similar institutions are in other states, and extend their blessings to, and receive a good portion of their support from, commonwealths beyond their own borders.

None of these establishments could be well filled as they now are, and receive their adequate support, or sustain their present full and efficient corps of officers and attendants, or carry on their operations with so much success and usefulness, even to the children of their own state, if they had not this co-operation from abroad.

PROPOSED DISTRICTS OR ASSOCIATIONS OF STATES.

This principle, so well exemplified in the practice and success of these institutions, could be very advantageously applied to the management of the convict and criminal insane. Suppose that New England and New York, with a population of about 6,675,000, at the present time, should combine for this purpose. They would furnish patients enough of these classes to fill a small hospital, and give occupation to a proper set of officers and guardians. And if New Jersey and Eastern Pennsylvania should be included, as they may be, in this association, there would be an ample supply of subjects for the operations of the establishment.

The states of Delaware, Maryland, Virginia, the Carolinas, Georgia, and Florida could form another combination; Western Pennsylvania, Ohio, Indiana, Illinois, Michigan, Wisconsin, Iowa, Missouri, and Ken-

tucky, a third; and all the South-West the fourth district; each of which should have a hospital in common for their criminal and convict insane.

Of course the hospital for each of these districts would be placed in some central town or city, and on some great thoroughfare, river, or railroad, so as to be as accessible as possible to all. If New England alone should combine for this purpose, the neighborhood of Boston would be the most central for all. If this combination should include New York, some point on the Connecticut River between Northampton and Hartford—probably Springfield would be a nearer central point. If New Jersey and Eastern Pennsylvania should be included, Hartford would be the most convenient. For the North-Western district, Indianapolis; for the South-West, perhaps Vicksburg; and for the South-Eastern district, Raleigh, would probably be the most convenient and accessible points for the travel from all their parts.

OBSTACLES—EXTENT OF TERRITORY AND TRAVEL.

The wide extent of these districts, the sparseness of the population in our country, and especially in the Southern States, present a very natural objection on account of the distances—and in some districts, the very great distances over which it will be necessary to carry the patients from their homes to the central hospital. This is an important consideration, and should have its due weight.

The extent of the territory from which patients are to be drawn, and the distances of travel required of them, should never be overlooked in the establishment of an ordinary hospital for the insane. The friends and responsible guardians of the patients will, and do, carry them more easily and readily to a hospital that is near than to one that is afar off. More of those that become deranged have been and will be taken from the neighboring than from the remote districts to the place of healing or custody. Consequently, a larger proportion of these patients will be kept at home, and allowed to become permanently diseased, in the distant parts of the territory to which the doors of the hospital are opened, than in those which are in its vicinity. The advantages of a hospital, therefore, are distributed to, and enjoyed by, the people to whom they are offered in some proportion to their nearness to it, and in inverse proportion to the length of travel, and the labor and difficulty of transporting their insane friends or wards. This principle,

already clearly established in this and other journals, needs no farther demonstration here.

DISTANCE OF TRAVEL LESS OBJECTIONABLE FOR THE CONVICT THAN
FOR OTHER INSANE.

Notwithstanding the truth of this principle and the force of this objection to the creation of a general insane hospital for the use of people of a wide extent of territory, yet, a careful examination of the circumstances and condition of the criminal and convict patients, and of the hospital which it is proposed to establish for their exclusive use, will show that this objection of distance weighs less with them than with ordinary patients, and the difficulty which is real with the former may be obviated in regard to the latter.

The obstacle of distance, and the objection to traveling over long journeys with an insane man or woman to reach a hospital, do not lie with the patients themselves, for they are not usually consulted; but the difficulty is in the minds of the friends or others who have charge of them, and who must assume the responsibility of taking them from their homes to the place of healing or custody. These friends find it no easy task to watch and care for them at their homes, where they have appliances of restraint, and the co-operation and sympathy of friends and neighbors, if they are needed; and they very naturally dread the labor and anxiety of carrying them on a journey of many miles, surrounded by strangers only, in public conveyances, or alone in private carriages. They too frequently shrink from this unwelcome undertaking, and in their fear of untried difficulties on the way, they keep the patients at home, and deprive them of the only opportunity of restoration.

But the criminal and the convict insane are found in the hands of the public officers, who are used to managing rebellious, and even dangerous subjects. They have no fear of consequences in connection with these patients, whether at their prisons or while traveling abroad. In the performance of their ordinary duty they have no volition, no choice. It is for them to obey the command of the courts, or other authorities, to whom the law commits the jurisdiction of these troublesome or guilty madmen. They are not to entertain a doubt whether they will take one from the prison to the hospital, when so ordered by the powers above them.

Moreover, these patients are very difficult to manage in the jail; they interfere with the discipline, and are burdensome to the general

administration of the establishment. Their keepers would gladly undertake the labor and the responsibility of traveling with and guarding them in public or in private conveyances, through even long journeys of several days, rather than have the care of them in their prisons for months or years, as they otherwise must.

In measuring this distance of travel for the criminal and convict patients, it must be remembered that, when they come under the cognizance of the law, and the special authority which is to decide their present destination, they are not at their natural homes, but in some place of custody. The convicts are in the state prisons or penitentiaries, which are usually in the centres, or at some central points, in the various states. The guiltless but insane transgressors of the law are at first apprehended by the legal officers and carried to some prison for public security, at least, and there they await the decisions of the courts. The former class—the convicts—will constitute the great majority, perhaps the whole of the inmates, of the proposed hospital. They will be obliged to travel only from their state centres, or central points, to reach their appropriate institution. The other class will travel from the centres of their counties.

If the New England States alone should be associated for this purpose, then the distance from the centre, at or near Boston, to the several state prisons, would be, to Concord, N. H., 70 miles; Thomaston, Maine, 193 miles; Windsor, Vt., 138 miles; Providence, R. I., 40 miles; and Weathersfield, Ct., 130. If New York, New Jersey, and Eastern Pennsylvania should be included in this same association, the central hospital would be at Hartford, Ct. This would be 319 miles from the state prison in Thomaston, Me.; 160 miles from that at Concord, N. H.; 136 from Windsor, Vt.; 126 from Charlestown, Mass.; 90 miles from Providence, R. I.; 112 miles from New York City; 145 miles from Sing Sing, N. Y.; 300 miles from Auburn, N. Y.; 346 from Clinton, N. Y.; 167 from Trenton, N. J.; and 202 from Philadelphia.

These distances are not much greater than some of the patients in each of these several states are obliged to travel from their homes in the remotest districts, in order to reach their own hospital; and, with the guardianship of experienced public officers, they may be overcome without difficulty, especially as all of these journeys can be accomplished by railroad or steamboat, except, perhaps, some part of the way from the Clinton prison, N. Y.

In the North-Western District, including Western Pennsylvania, Kentucky, and all the States North and West of these, Indianapolis, Ia., the probable centre, can be reached from all, or nearly all of the great public prisons by railroad and by steamboat; and although these distances are greater than those in the North-Eastern District, yet they bear about the same proportion to the distances which both the sane and the insane in those states are used, and are obliged to travel, on their ordinary business, or for the purposes of health, and they can be overcome. In both of the Southern Districts, the distances are much greater than those of the Northern, and the facilities of travel are less abundant. These may be fatal to the adoption of the plan there, at least, until the facilities of travel shall be increased, or the population multiplied, so that a smaller territory will fill a hospital with patients.

There may be other and better methods of districting the country than this which has here been sketched out. We do not propose this as the only one that can be adopted, in order to carry out this plan of managing the criminal and convict insane. We suggest this rather to show how the principle may be put into practical operation, and to invite the attention of such as are interested in, or are connected with this whole subject, to its careful consideration.

Perhaps smaller districts than those herein proposed may be more easily adopted. This will depend, in great measure, on the number of the proper patients that may be found within the several states; for, as yet, this is but a matter of estimate, and not of any reliable enumeration. Certainly, if this or any other division be adopted, and there are enough in each district to fill an establishment, it will be necessary to reduce the size of the districts and to build more hospitals, when the population shall be much increased and the patients multiplied. This is what is done for the other insane; and also for other charities, for schools, and for prisons; and our people will be willing to do it for these, who, from their social positions, seem to have the least claim upon the public sympathy, but for whom provision, in some way or other, must be made.

WHO SHALL PROVIDE AND CONTROL THE HOSPITALS?

If this plan of central hospitals for the criminal and convict insane shall be adopted, still the question arises, Who shall build them? Who shall have the management and the control of them?

The several states associated in one district may build it, each con-

tributing to the payment of its cost in due proportion, and to the annual maintenance in ratio of the number of patients that it may have in the institution; and its administration may be committed to a board of trustees, in which each state shall have a due measure of influence.

The state in which the hospital shall be created may build and manage it, and take the patients from the associated states, charging them their proportion of the expense of maintenance.

A corporation under the authority of the central state may build and control it, and take the patients from all the states in the association, at a proper charge for their care and attention.

The last plan is adopted by several institutions for the blind, deaf and dumb, and idiotic, in various states; and their success is an encouragement to those who would provide for the criminal and convict insane.

We have thus presented this subject with all the difficulties which beset it on every side, and all the plans of relief, which are not without objections. But as something must be done with these patients, and as every plan hitherto tried for their management has been condemned as wrong to them, or injurious to others, we offer this, of a central hospital for associated states, for the exclusive use of their criminal and convict insane, as one that will be altogether advantageous to them and inflict no evil whatever on other patients or convicts. We are not sanguine in our expectations that this plan will meet with immediate favor from those who have power to give it concrete form and life. However desirable and practicable it may be, we have no confidence that even the North-Eastern States, where the circumstances are the most favorable to its adoption, will be in any haste to try the experiment of a system so new and so different from their previous experience.

Yet, knowing that the evil to be remedied is already great, and is growing greater year by year, and will ere long become so oppressive as to compel relief, in some way or other, to be granted,—knowing that those who have any thing to do with these patients, whether in prisons, or hospitals, or elsewhere, universally complain of the burden,—and believing that they will become more and more earnest, and even imperious, in their demands for a new policy in this matter, we offer this plan, as the best that has been yet devised, for the serious and early consideration of psychologists and philanthropists, of political economists and statesmen, of those who are interested in or have the

care of this class of patients, and those who have the responsibility of providing for them.

If, then, this system be the true one,—if it will meet the wants of the criminal and convict insane, and do no harm to others,—an enlightened public opinion will compel its ultimate adoption. If it be not such,—if it cannot accomplish the end proposed, or if it be manifestly impracticable,—then it will claim no farther consideration than as a means of opening the way for the active intelligence and earnest philanthropy, now enlisted in this cause, to devise a better and more feasible one that will relieve our hospitals and prisons of these guilty and offensive patients, and yet provide for them such means of cure and custody as humanity requires and justice will allow.

CONSIDERATIONS ON THE RECIPROCAL INFLUENCE
OF THE PHYSICAL ORGANIZATION AND MENTAL
MANIFESTATIONS. BY A. O. KELLOGG, M.D., PORT HOPE,
CANADA WEST.

THE CEREBRAL AND CIRCULATORY SYSTEMS—THEIR RECIPROCAL AND
SYMPATHETIC INFLUENCES.

“The life of all his blood is touch’d corruptibly, and his pure *brain* (which some suppose the soul’s frail dwelling-house) doth, by the idle comments that it makes, foretell the ending of mortality.”—*King John*, Act v, Scene vii.

THE truthfulness of Shakspeare’s pathological allusions, like the immensity and accuracy of his knowledge on all subjects upon which the rays of his mighty genius fell, has excited, and to the remotest time will continue to excite, the wonder and admiration of all thinking men, who attempt to investigate the subject to which he alludes. The accuracy of his pathology has stood the test of experimental science for upwards of two centuries. In fact, the investigations of modern science, so far from refuting any of the pathological ideas shadowed forth by the poet, have, in most instances, but served to illustrate and confirm them.

In Shakspeare’s time experimental science had done but little towards the demonstration of the true nature and uses of the circulating

fluids of the animal economy. Even the great discoveries of Harvey, which may be taken as the basis of all our present knowledge, physiological and pathological, had not been given to the world; for Shakspeare died in 1616, and Harvey's discoveries were first published in 1628. Yet passages might be brought forward from his writings, which would appear to indicate a knowledge of the physiology and pathology of the circulation, far beyond that of the age in which he lived. The vitality of the blood, its "life" and its "corruptibility," are distinctly set forth in the passage we have quoted, and its power of affecting the brain is also glanced at. It is unsafe for theorists to run counter to the opinions and maxims of genius on any subject, physical, moral, or intellectual, for they are almost invariably confirmed by the subsequent experience of mankind, and the results of experimental science.

We cannot better illustrate the truth of this than by a reference to some of the theories which have flourished in medicine since the time of Shakspeare, but are now forgotten, or only referred to as curiosities in medical literature. The solidists, for example, referred all the diseases of the human body to alterations of the solids, and contended that these alone were endowed with vital properties, and were alone capable of being morbidly impressed, and of becoming the seat of pathological phenomena. This was, until recently, the prevailing doctrine.

The Galenical physicians, on the other hand, founded their theory exclusively on the parts which the humors were considered to play in the production of disease—attributing all diseases to a depraved state of the fluids, or the various juices collected in the body. Modern research has demonstrated that in all our pathological investigations the condition of both solids and fluids must be taken into consideration, and particular attention has been paid to the abnormal conditions of the blood, and a modified humoral pathology, based on experimental research and the philosophical doctrine of its *vitality*—"the life of all the blood"—and its power of being "touched corruptibly," as taught two hundred and fifty years since by William Shakspeare, is now fully proved. The experiments of Prof. Shultz, of Berlin, have shown that the blood globules have a peculiar intestine movement of their own, independent, apparently, of the action of the heart and blood-vessels, and by virtue of which they move on by themselves. This motion has been attributed to the vital influence imparted to the blood by the

ganglionic nerves, which supply so abundantly the interior of the vessels.

The fluidity of the blood, when in the blood-vessels, has been shown to depend upon its vital endowments, and that its various constituents are kept in solution during circulation by the vital influence. In the healthy state no separation of these constituents can occur within the vessels, and only partially in certain diseases, and that coagulation takes place from the loss of vitality which the blood sustains from being removed from the system, and the phenomena connected with it have a close relation to its vital endowments. Before proceeding to consider the influence of the various pathological conditions of the blood upon the mental manifestations, it may be well to turn our attention to a most important matter in this connection—namely, the influence exerted by the quantity of the circulating fluids in the vascular system, independent entirely of any pathological condition of these fluids themselves; in other words, to the effects of the various conditions of plethora and anæmia upon the cerebral functions. The influence of the latter was referred to, cursorily, in a former article, but its importance demands a more extended notice in this connection.

Among the first symptoms of a plethoric condition of the vascular system is a greater disposition to sleep than during health; there is less quickness and aptitude to either corporeal or mental exertion, particularly the latter. Together with this mental lassitude and indolence, we have other evidences of cerebral disturbance, such as weight and pain of the head, vertigo, dreamy and unrefreshing sleep, partial amaurosis and sometimes complete blindness, as we once witnessed, lasting for twenty-four hours, caused by cerebral congestion, resulting from prolonged vomiting, induced by error of diet in a patient convalescing from scarlet fever.

The influence of an anæmic condition of the vessels of the brain upon the cerebral functions has, of late years, been most ably discussed, particularly by Drs. Marshall Hall and Copland, and the great practical importance of their investigations and observations cannot be too highly estimated, when it is remembered to what a fearful extent depletion, in all diseases characterized by much vascular and nervous excitement, has been carried during the last half century. No class of patients have suffered more from the application of the mistaken theory which attributed this excitement, almost solely, to increased vascular action, or congestion, either local or general, than the insane.

The late Dr. Brigham remarked, that a large majority of the patients at the State Asylum at Utica, during the first years of its operation, had been greatly debilitated, and their recovery retarded, by the excessive bleedings which had been resorted to by the general practitioners who had first been called in to prescribe. He was earnest in cautioning the profession, through his reports, and the pages of this Journal, which he had then just established, against the pernicious influence of the doctrines of Rush. But it is to be feared that his voice did not reach and influence general practitioners as extensively as could be wished. The accomplishment of this, like many of his benevolent designs, required more time than an all-wise Providence had seen fit to allow him. It is a satisfaction, however, to know that the evil is not as extensive as formerly, and will, doubtless, disappear with the few remaining disciples of the great but misguided man who was chiefly instrumental in promoting it.

When we turn our attention to the evil effects, both physical and mental, of large losses of blood in persons not previously affected with serious disease, it is painful to contemplate what must have been the injury to the constitution, both immediate and remote, of such indiscriminate vascular depletion practiced in cases where the whole remaining vital energies of the system were required to resist the disease under which they labored. The following cerebral manifestations are among the more prominent consequences of large losses of blood: vertigo; leipathymia, or a sense of sinking; syncope; sickness of the stomach from the cerebral anæmia, pointed out in a former article as affecting the stomach sympathetically; cold, pale, and bedewed surface; irregular sighing and yawning.

Sometimes, when the loss of blood has been very great, we have all the above disturbances in a more intense form—the syncope is very profound, the respiration nearly imperceptible, being performed almost entirely by the diaphragm, returning with deep sighs. If, after the above symptoms, the loss of blood has not been checked, the return to consciousness is manifested by an aggravation of the symptoms above described, with the addition of delirium, nervous tremor, or shuddering, great restlessness and jactitation—sometimes so violent as to shake the bed—convulsions, violent tetanic spasms, gaspings for breath, and death. A peculiar delirium is one of the most common effects of excessive vascular depletion, one which, from the cool temperature of the head, the weakness of the pulsations of the carotid artery, and the

pallor of the countenance, indicates a condition of impaired vital energy of the brain. In children, as was shown in a former article, coma is a more frequent result of this condition of the cerebral circulation than delirium.

The reaction which supervenes from large losses of blood is usually attended by some distressing head symptoms. There are palpitations and throbbings through the whole body. This is particularly the case in the carotids and arteries of the head, and gives rise to noises, such as ringing or buzzing in the ears, which patients almost invariably complain of after large depletion. When the reaction is more marked there is much pain of the head, with intolerance of light and of noise, a sense of tightness or pressure around the head, and sometimes delirium, particularly in the night, agitated sleep, attended with fearful dreams, a sense of sinking, or impending dissolution. It is painful to reflect how often this state has been mistaken for one of inflammatory action, and how the repeated blood-lettings which have been resorted to for its relief have so completely exhausted the patient as to render it dangerous for him to make the least muscular effort; the practitioner, as we remember to have seen, having proceeded from depletion to depletion, mistaking the morbid effects of the previous loss for a return of the much-dreaded inflammatory action.

In children and young subjects the delirium or morbid sensibility of the brain, resulting from this state of the vascular system, rapidly passes into coma and lethargy, and this, particularly when it has been preceded by convulsions, is almost invariably mistaken for effusion of serum within the head, or hydrocephalus. Indirect depletion of the vascular system by the drain of protracted diarrhœa, in children, will produce the same train of cerebral symptoms, as was pointed out in a former article; yet, in most of these cases no effusion whatever is found, or not sufficient to account for the comatose symptoms, by which death has been preceded. Organic changes may supervene in addition to the functional disorders, and effusion of serum or extravasation of blood upon the brain may be found.

Sometimes the reaction following excessive loss of blood is attended by a condition of the system which is characterized by various symptoms, among which, those having reference to the cerebral functions are prominent, such as somnolency alternating with slight delirium; amaurosis, nervous tremor, jactitation, delirium or mania,—in puerperal females of a peculiar form of disturbance known as puerperal mania.

A case illustrative of the delirium and other morbid symptoms pointed out above, resulting from deficient vital energy of the brain, consequent upon excessive loss of blood, has just now come under my notice while preparing this paper. Mr. Shepherd, by trade a miller, aged about fifty, of good constitution and temperate habits, after recovery from a mild attack of dysentery, and while in the exercise of his customary duties, had his leg caught in some machinery in a remote part of the large flouring-mill which he superintended, and remained for half an hour before he was discovered and relieved from his perilous situation—the machinery all this time in motion, and his leg entangled. The limb was shockingly mangled to a point several inches above the knee, and much blood was lost before the arrival of any assistance. We gave him stimulants and proceeded to amputate the limb at the thigh. This was done with but trifling additional loss of blood, and, though weak, he appeared to rally favorably. The stump was left exposed for some time, in order to check any oozing of blood, and to secure any small vessels which might be disposed to bleed. After the stump had been dressed for several hours, and reaction had been established, a small vessel, which, notwithstanding our care, had escaped observation, commenced to bleed. We were called immediately, the stump was opened, and the vessel secured. This last loss of blood, though not great, comparatively, rendered him extremely prostrate; and many of the more alarming symptoms, pointed out above as resulting from excessive vascular depletion, were present. The pulse ranged from 150 to 160 strokes in the minute, and was small and thready: respiration sighing and interrupted: there was delirium—the patient seemed to imagine himself still in the machinery, and cried out for help to get loose. In addition to the delirium and other symptoms, the most distressing result of the cerebral anæmia, in this case, was the violent retching and vomiting of every thing taken into the stomach, upon the slightest motion—even that of raising his head a few inches from the horizontal position to give him a drink. Brandy and strong beef-tea were given every few minutes, and though much of it was rejected, enough was retained to cause the system, even in the extremely low state to which it was reduced, to respond to its influence, and under its use the more urgent symptoms—the delirium and retching—were relieved, and he is, at this time, three weeks from the operation, in a fair way to recover.

In attempting to consider the influence of the various pathological

conditions of the blood upon the mental manifestations, we enter upon a very wide and rich field for investigation—a field, the surface of which is, as yet, scarcely broken up, but which promises, to those who have opportunities to cultivate it intelligently, and who enter upon their labors with zeal and ability, a rich and abundant harvest. To do full justice to this subject it would be necessary to enter extensively upon the consideration of the changes which the blood undergoes in disease; and even upon this branch of pathology our knowledge is, as yet, very scanty and imperfect, and to glance at the ascertained facts in connection with this would scarcely fall within the scope of these papers. All we can hope to effect is, to consider a few of the more salient points in this connection, trusting that while our knowledge of the pathology of the circulating fluids is rapidly advancing, together with all branches of medical science, its connection with morbid mental manifestations will not be overlooked by those whose special province it is to trace out these relations.

The influences which are brought to bear upon the mental faculties, both in health and disease, through the medium of the circulating fluids, are various and complicated, and we may, therefore, venture the assertion that the explanation of many of these is but slightly understood in the present state of medical science. We shall attempt, in the first place, to take a cursory view of some of the external agencies which influence the mental faculties through the medium of the circulating fluids; and, in the second place, to glance at those internal agencies, or morbid processes, which take place within the animal economy, and by means of which the circulating fluids become contaminated, and the mental manifestations are influenced secondarily.

One of the first things to be considered in respect to its influence upon the circulating fluids, and, through these, upon the brain and mental manifestations, is diet. All experience shows that there can be no successful treatment of insanity in public hospitals where a scanty and imperfect diet only is allowed these unfortunates. The late Dr. Brigham, whose ample experience and sound common sense rendered his opinions of much-deserved weight on all subjects connected with the insane, held the opinion that a full, generous, and sometimes stimulating diet and regimen was, in a large proportion of cases of insanity, one of the most important of remedial means. The diet-tables of the greater number of asylums in the United States are a matter of much astonishment to those philanthropists who seek to measure out their

charity, as they would weigh out rations to these poor insane persons, in pounds and ounces, as though they were seeking to determine by actual experiment the very minimum quantity upon which these unfortunates could exist, without perishing from positive starvation, and county-house economy. There are few things in life which make a sane man feel more uncomfortable or dissatisfied with himself and the world around him than the want of his dinner,—and few things more calculated to disturb his mental or moral philosophy than the vague feeling of uncertainty as to where or how he shall obtain his breakfast,—or if, in the circumstances which beset his path, he shall be able to obtain it all; and we believe there are few men so very insane as to form an exception to this rule. A warm bath is, undoubtedly, a very comfortable thing for the time being. A glass of good wine, judiciously administered, will sometimes cheer the heart of a desponding man, and do him much good. Or, if these fail, that “sweet oblivious antidote,” the “full opiate,” is ever at hand to *quiet* him, regardless of after consequences. Yet nothing *satisfies* a man so completely as good, substantial food, and plenty of it. Next in importance, for good or evil (generally the latter), upon the circulating fluids, and, through these, upon the brain and mental manifestations, are the various alcoholic beverages so extensively indulged in.

Falstaff’s physiological views of the influence of “a good sherris-sack” in overcoming mental sterility, appear to be well understood, and are, it is to be feared, too often adopted literally, without questioning even their morality. Indeed, the most rigid moralist will find it difficult to deny entirely the physiological truths expressed in the jests of the fat knight. Speaking of Prince John, and contrasting him with Prince Henry, he says:

“This same young, sober-blooded boy doth not love me; nor a man can not make him laugh; but that’s no marvel, he drinks no wine. There’s never any of these demure boys come to any proof; for their drink doth so overcool their blood, and making many fish meals, that they fall into a kind of male green-sickness; * * * * * they are generally fools and cowards; which some of us should be, too, but for inflammation. A good sherris-sack hath a two-fold operation. It ascends me into the brain; dries me there all the foolish, and dull, and crudy vapors which environ it: makes it apprehensive, quick, forgetive, full of nimble, fiery, and delectable shapes; which delivered o’er to the voice (the tongue) which is the birth, becomes excellent wit. The second property of your excellent sherris is the warming of the blood; which, before cold and settled, left the liver white and pale, which is

the badge of pusillanimity and cowardice: but the sherris warms it, and makes it course from the inwards to the parts extreme. It illumineth the face; which, as a beacon, gives warning to all the rest of the little kingdom, man, to arm; and then the vital commoners, and inland, petty spirits, muster me all to their captain, the heart; who, great, and puffed up with this retinue, doth any deed of courage: and this valor comes of sherris: so that skill in the weapon is nothing without sack: for that sets it a-work: and learning, a mere hoard of gold, kept by a devil; till sack commences it, and sets it in act and use. Hereof comes it that Prince Harry is valiant: for the cold blood he did naturally inherit of his father, he hath, like lean, sterile, and bare land, manured, husbanded, and tilled, with excellent endeavor of drinking good, and good store of fertile sherris; that he has become very hot and valiant."

So convinced, apparently, is the worthy knight of the importance of his physiological views respecting the influence of sack upon the human economy, that he concludes his encomiums by declaring that, "If I had a thousand sons, the first human principle I would teach them should be, to forswear their potations and addict themselves to sack."

There is nothing in nature more curious and inexplicable than the influence on the circulating fluids, and through these on the brain and its functions, of various narcotic drugs. Among these, opium, and *Cannabis Indica*, or Indian hemp, occupy the most prominent place. No reflective person can look into the writings of Coleridge, De Quincey, or Bayard Taylor, each of whom has experienced the effects of these drugs in their own persons, and graphically described their sensations, thoughts, feelings, and dreams, while under their influence, without being struck with awe and astonishment at the modifying and disturbing influences which these substances exert upon that mysterious connection which exists between the mind and the material medium through which it manifests itself. Take the following, for example, from the *Confessions of an English Opium-Eater*, which, not only for grandeur of description, but for psychological interest, is unsurpassed by any thing in the English language.

"The dream commenced with music which I now often hear in dreams—a music of preparation and of awakening suspense; a music like the opening of the Coronation Anthem, and which, like *that*, gave the feeling of a vast march—of infinite cavalcades filing off—and the tread of innumerable armies. The morning was come of a mighty day—a day of crisis and of final hope for human nature, then suffering some mysterious eclipse, and laboring in some dread extremity. Somewhere, I knew not where,—somehow, I knew

not how,—by some beings, I knew not whom,—a battle, a strife, an agony, was conducting—was evolving like a great drama, or piece of music; with which my sympathy was the more insupportable from my confusion as to its place, its cause, its nature, and its possible issue. I, as is usual in dreams (when, of necessity, we make ourselves central to every movement), had the power, and yet had not the power, to decide it. I had the power, if I could raise myself, to will it; and yet again had not the power, for the weight of twenty Atlantics was upon me, or the oppression of inexpressible guilt.

“Deeper than ever plummet sounded, I lay inactive. Then, like a chorus, the passion deepened. Some greater interest was at stake,—some mightier cause than ever yet the sword had pleaded, or trumpet had proclaimed. Then came sudden alarms; hurrying to and fro: trepidations of innumerable fugitives—I knew not whether from the good cause or the bad: darkness and lights: tempest and human faces: and, at last, with a sense that all was lost, female forms, and the features that were worth all the world to me, and but a moment allowed,—and clasped hands, and heart-breaking partings, and then everlasting farewells! and, with a sigh, such as the caves of hell sighed when the incestuous mother uttered the abhorred name of death, the sound was reverberated—everlasting farewells! and again, and yet again, reverberated everlasting farewells! And I awoke in struggles, and cried aloud, ‘I will sleep no more!’”

What a startling picture is that drawn above of a mental state induced by this extraordinary drug!

The influence upon the mental faculties of *Haschisch*, or Indian hemp, when taken in large doses, is no less extraordinary than that of opium.

That accomplished young traveler, Bayard Taylor, when in Damascus, “prompted,” as he says, “by that insatiable curiosity which led him to prefer the acquisition of all lawful knowledge through the channel of his own experience,” was induced to make a trial of this extraordinary drug. Not knowing the strength of the preparation he employed, he found himself, shortly after taking the second dose, more thoroughly and completely under the influence of the drug than was either pleasant or safe; and to this accident we are indebted for one of the most interesting chapters in his work—“The Visions of *Haschisch*,” a chapter of as much psychological interest as any to be found in the whole range of modern literature.* The straight-forward manner in which Mr. Taylor describes his sensations, and the air of truthfulness which pervades, not only this chapter, but the entire work, does away with all scepticism in the mind of the reader as to

* *The Lands of the Saracen*. New York: Putnam and Co. 1856.

the accuracy of his descriptions. As I am not aware that Mr. Taylor's book has been previously noticed in this JOURNAL, I shall make free use of his chapter on the Visions of Haschisch in concluding this notice of the external agencies which operate on the mind through the medium of the circulation, thanking the author at the same time for his most interesting psychological contribution.

Speaking of the milder influence of the drug, which he experienced the first time he experimented upon himself with it, he says :

“The sensations it produced were those, physically, of exquisite lightness and airiness—mentally, of a wonderfully keen perception of the ludicrous in the most simple and familiar objects. During the half-hour in which it lasted, I was at no time so far under its control that I could not with the clearest perception study the changes through which I passed. I noted with careful attention the fine sensations which spread through the whole tissue of my nervous fibre, each thrill helping to divest my frame of its earthly and material nature, until my substance appeared no heavier than the vapors of the atmosphere, and while setting in the calm of the Egyptian twilight, I expected to be lifted up and carried away by the first breeze that should ruffle the Nile.”

Even those around him at this time assumed, he says, a most whimsical and absurd expression, so much so that he was provoked into a long fit of laughter. “The hallucination,” says he, “died away as gradually as it came, leaving me overcome with a soft and pleasant drowsiness, from which it sank into a deep and refreshing sleep.”

Speaking of the effects of the stronger dose, he says: “The same fine nervous thrill of which I have spoken suddenly shot through me. But this time it was accompanied with a burning sensation at the pit of the stomach ; and, instead of growing upon me with the gradual pace of healthy slumber, and resolving me, as before, into air, it came with the intensity of a pang, and shot throbbing along the nerves to the extremities of my body. The sense of limitation—the confinement of our senses within the bounds of our own flesh and blood—instantly fell away. The walls of my frame were burst outward, and tumbled into ruin ; and, without thinking what form I wore—losing sight even of all idea of form—I felt that I existed throughout a vast extent of space. The blood pulsed from my heart, sped through uncounted leagues before it reached my extremities ; the air drawn into my lungs expanded into seas of limpid ether, and the arch of my skull was

broader than the vault of heaven. Within the concave that held my brain were the fathomless deeps of blue : clouds floated there, and the winds of heaven rolled them together : and there shone the orb of the sun. It was—though I thought not of that at the time—*like a revelation of the mystery of Omnipresence.*”

“In the state of mental excitement in which I was then plunged, all sensations, as they rose, suggested more or less coherent images. They presented themselves to me in a double form—one physical, and, therefore, to a certain extent, tangible ; the other, spiritual, and revealing itself in a succession of splendid metaphors. The physical feeling of extended being was accompanied by the image of an exploded meteor, not subsiding into darkness, but continuing to shoot from its centre, or nucleus—which corresponded to the burning spot at the pit of the stomach—incessant adumbrations of light that finally lost themselves in the infinity of space.”

Being now fully under the influence of the drug, he says : “The thrills which ran through my nervous system became more rapid and fierce, accompanied with sensations that steeped my whole being in unutterable raptures. I was encompassed by a sea of light, through which played the pale, harmonious colors which are born of light.”

In the midst of this, he suddenly found himself transported to the foot of the great pyramid of Cheops ; and the desire to ascend immediately placed him upon the top of it, and casting his eyes downward, to his astonishment saw that it was built, not of limestone, but of huge square plugs of Cavendish tobacco ! “Words,” says he, “cannot express the overwhelming sense of the ludicrous which I then experienced. I writhed on my chair in an agony of laughter, which was only relieved by the vision melting away like a dissolving view, till, out of my confusion of indistinct images, and fragments of images, another and more wonderful vision arose. The more vividly I recall the scene which followed, the more carefully I restore its different features, and separate the different threads of sensation which it wove into one gorgeous web, the more I despair of representing its exceeding glory. I was moving over the desert, not upon the rocking dromedary, but seated in a barque made of mother-of-pearl, and studded with jewels of surpassing lustre. The sand was of grains of gold, and my keel slid through them without jar or sound. The air was radiant with excess of light, though no sun was to be seen. I inhaled the most delicious perfumes, and harmonies, such as Beethoven may have heard in dreams,

but never wrote, floated around me. The atmosphere itself was light, odor, music; and each and all sublimated beyond any thing the sober senses are capable of receiving. Before me, for a thousand leagues it seemed, stretched a vista of rainbows, whose colors gleamed with the splendor of gems; arches of living amethyst, sapphire, emerald, topaz, and ruby. By thousands and tens of thousands they flew past me as my dazzling barque sped down the magnificent arcade; yet the vista still stretched as far as ever before me. I reveled in a sensuous elysium, which was perfect because no sense was left ungratified. But, beyond all, my mind was filled with a boundless feeling of triumph. My journey was that of a conqueror—not of a conqueror who subdues his race, either by love or by will, for I forgot that man existed, but one victorious over the grandest yet subtlest forces of nature. The spirits of light, color, sound, and motion were my slaves, and, having these, I was master of the universe.”

Speaking of his sensations, the author says: “They took a warmth and glow which degrades not, but spiritualizes and ennobles our material part, and which differs from cold, abstract, intellectual enjoyment as the flaming diamond of the Orient differs from the icicle of the North. Those finer sensations, which occupy a middle ground between our animal and intellectual appetites, were suddenly developed to a pitch beyond what I had ever dreamed, and being thus alone, and the same time gratified to the full extent of their preternatural capacity, the result was a single harmonious sensation, to describe which, human language has no epithet.

“Mahomet’s paradise, with its palaces of ruby and emerald, its airs of musk and cassia, and its rivers, colder than snow and sweeter than honey, would have been a mean terminus for my arcade of rainbows. Yet, in the character of this paradise, in the gorgeous fancies of the *Arabian Nights*, in the glow and luxury of all Oriental poetry, I now recognize more or less of the agency of haschisch.

“The fullness of my rapture expanded the sense of time, and though the whole vision was not more than five minutes in passing through my mind, years seemed to have elapsed while I shot under the dazzling myriads of rainbow arches. By and by, the rainbows, the barque of pearl and jewels, and the desert of golden sand vanished, and, still bathed in light and perfume, I found myself in a land of green and flowering lawns, divided by hills of gently undulating outline. But, although the vegetation was the richest of earth, there were

neither streams nor fountains to be seen ; and the people who came from the hills, with brilliant garments that shone in the sun, besought me to give them the blessing of water. Their hands were full of branches of the choral honeysuckle, in bloom. These I took, and breaking off the flowers, one by one, set them in the earth. The slender, trumpet-like tubes immediately became shafts of masonry and sank deep into the earth ; the lip of the flower changed into a circular mouth of rose-colored marble, and the people leaning over its brink, lowered their pitchers to the bottom with cords and drew them up again, filled to the brim, and dripping with honey."

The following, as bearing upon Dr. Wigan's doctrine of duality of the brain, is peculiarly interesting,—in fact, almost all which follows in the chapter is so much so, in a psychological point of view, that no excuse is necessary for transcribing it almost entire for the pages of a journal devoted to that subject. "The most remarkable feature of these illusions," says Mr. Taylor, "was, that at the time when I was most completely under their influence, I knew myself seated in the tower of Antonio's Hotel, in Damascus ; knew that I had taken haschisch, and that the strange, gorgeous, and ludicrous fancies which possessed me were the effect of it. At the very same instant that I looked at the valley of the Nile from the pyramid, slid over the desert, or created my marvelous wells in that beautiful pastoral country, I saw the furniture of my room, its mosaic pavement, the quaint Saracenic niches in the walls, the pointed and gilded beams of the ceiling, and the couch in the recess before me, and my two companions watching me, while I was given up to the magnificent delusion. I saw its cause, and felt its absurdity most clearly. Metaphysicians say that the mind is incapable of performing two operations at the same time, and may attempt to explain this phenomenon by supposing a rapid and incessant vibration of the perceptions between the two states. This explanation, however, is not satisfactory to me. I was conscious of two distinct conditions of being in the same moment. Yet, singular as it may seem, neither conflicted with the other. My enjoyment of the visions was complete and absolute, undisturbed by the faintest doubt as to their reality, while, in some other chamber of my brain, reason sat coolly watching them, and heaping the liveliest ridicule on their fantastic features. One set of nerves was thrilled with the bliss of the gods, while another was convulsed with unquenchable laughter at that very bliss. My highest ecstasies could not bear down

and silence the weight of my ridicule, which, in its turn, was powerless to prevent me from running into other and more gorgeous absurdities. I was double, not swan and shadow, but rather sphinx-like—human and beast—a true sphinx. I was a riddle and a mystery to myself.

“The drug, which had been retarded in its operation, on account of having been taken after a meal, now began to make itself more powerfully felt. The visions were more grotesque than ever, but less agreeable; and there was a painful tension about my whole nervous system, the effect of over stimulus. I was a mass of transparent jelly, and a confectioner poured me into a twisted mould. I threw my chair aside and writhed and tortured myself for some time to force myself into the mould. At last, when I had so far succeeded that only one foot remained outside, I was lifted off, and another mould, of still more crooked and intricate shape, substituted. I have no doubt that the contortions through which I went to accomplish the end of my gelatinous destiny would have been extremely ludicrous to a spectator, but to me they were painful and disagreeable. The sober half of me went into fits of laughter over them, and through that laughter my vision shifted into another scene. I had laughed until my eyes overflowed profusely: every drop that fell immediately became a large loaf of bread, and tumbled upon the shop-board of a baker in the bazaar at Damascus. The more I laughed the faster the loaves fell, until such a pile was raised about the baker that I could hardly see the top of his head. ‘The man will be suffocated!’ I cried; ‘but if he were to die I cannot stop.’”

The author now proceeds to describe the sensations which accompanied the reaction which followed the foregoing state, and his description is profoundly interesting, as showing the depths of mental and spiritual woe into which this drug is capable of plunging its votaries; for it would appear that the blissful elysium to which it elevates is succeeded by a state the very opposite, and one which equals in the intensity of its horrors all that the mind can conceive of the tortures of the damned.

“My perceptions,” he continues, “now became more dim and confused. I felt that I was in the grasp of some giant force, and in the glimmering of my fading reason grew earnestly alarmed, for the terrible stress under which my frame labored increased every moment. A fierce and furious heat radiated from my stomach throughout my

system; my mouth and throat were as hard and dry as if made of brass; and my tongue, it seemed to me, was a bar of rusty iron. I seized a pitcher of water and drank long and deeply; but I might as well have drank so much air, for not only did it impart no moisture, but my palate and throat gave me no intelligence of having drank at all. I stood in the centre of the room brandishing my arms convulsively, and heaving sighs that seemed to shatter my whole being. 'Will no one,' I cried, in distress, 'cast out this devil that has possession of me?' I no longer saw the room nor my friends, but I heard one of them saying, 'It must be real: he could not counterfeit such an expression as that: but it don't look much like pleasure.' Immediately after there was a scream of the wildest laughter, and my countryman sprang upon the floor, exclaiming, 'O, ye gods, I am a locomotive!' This was his ruling hallucination, and for the space of two or three hours, he continued to pace to and fro with a measured stride, exhaling his breath in violent jets, and, when he spoke, dividing his words into syllables, each of which he brought out with a jerk, at the same time turning his hands at his sides, as if they were the cranks of imaginary wheels. 'I had now,' says he, 'passed through the paradise of haschisch, and was plunged at once into its fiercest hell, paying a frightful penalty for my curiosity. The excited blood poured through my frame with a sound like the roaring of mighty waters. It was projected into my eyes until I could no longer see; it beat thickly in my ears, and so throbbed in my heart that I feared my ribs would give way under its blows. I tore open my vest, placed my hand over the spot, and tried to count the pulsations; but there were two hearts—one beating at the rate of a thousand beats in the minute, the other with a slow, dull motion. My throat, I thought, was filled to the brim with blood, and streams of blood were pouring from my ears. I felt them gushing, warm, down my cheeks and neck. With a maddened, desperate feeling, I fled from the room and walked over the flat, terraced roof of the house. My body seemed to shrink and grow rigid as I wrestled with the demon, and my face, too, became wild, lean, and haggard.

* * * Involuntarily I raised my hand to feel the leanness and sharpness of my face. Oh, horror! the flesh had fallen from my bones, and it was a skeleton head I carried on my shoulders. With one bound I sprang to the parapet and looked down into the silent court-yard, then filled with the shadows thrown into it by the sinking moon. 'Shall I cast myself down headlong?' was the question I

proposed to myself; but though the horror of the skeleton delusion was greater than my fear of death, there was an invisible hand at my breast which pushed me away from the brink. I made my way back to the room in a state of the keenest suffering. My companion was still a locomotive rushing to and fro, and jerking out his syllables with the disjointed accent peculiar to a steam-engine. His mouth had turned to brass, like mine, and he raised the pitcher to his lips in the attempt to moisten it, but before he had taken a mouthful set the pitcher down again with a yell of laughter, crying out, ‘How can I take water into my boiler while I am letting off steam?’

“But I was too far gone to feel the absurdity of this or his other exclamations. I was sinking deeper and deeper into a fit of unutterable agony and despair; for, although I was not conscious of real pain in any part of my body, the cruel tension to which my nerves had been subjected, filled me through and through with a sensation of distress which was far more severe than pain itself. In addition to this, the remnant of will with which I struggled against the demon became gradually weaker, and I felt that I should soon be powerless in his hands.

“Every effort to preserve my reason was accompanied by a pang of mortal fear, lest what I now experienced was insanity, and would hold mastery over me forever. The thought of death, which also haunted me, was far less bitter than this dread. I knew that in the struggle that was going on in my brain I was borne fearfully near the dark gulf, and the thought that at such a time both reason and will were leaving my brain, filled me with an agony, the depth and blackness of which I should vainly attempt to portray.

“I threw myself on my bed, with the excited blood still roaring wildly in my ears—my heart throbbing with a force that seemed to be rapidly wearing away my life, my throat dry as a potsherd, and my stiffened tongue cleaving to the roof of my mouth—resisting no longer, but awaiting my fate with the apathy of despair. * * * * After a time my senses became clouded and I sank into a stupor. As near as I can judge, this must have been three o’clock in the morning, rather more than five hours after the haschisch had begun to take effect. I lay thus all the following day and night in a state of gray, blank oblivion, broken only by a single wandering gleam of consciousness. I remembered hearing the voice of Francois. He told me I arose, attempted to dress myself, drank two cups of coffee, and then fell back

into the same death-like stupor; but of all this I did not retain the least knowledge. On the morning of the second day, after a sleep of thirty hours, I awoke again to the world with a system utterly prostrate and unstrung, and a brain clouded with the lingering images of my vision. I knew where I was, and what had happened to me, but all that I saw still remained unreal and shadowy. There was no taste in what I ate—no refreshment in what I drank, and it required a painful effort to comprehend what was said to me, and return a coherent answer.

“My friend, who was further advanced in his recovery, accompanied me to the adjoining bath, which I hoped would restore me. It was with the greatest difficulty that I preserved the outward appearance of consciousness. In spite of myself, a veil now and then fell over my mind, and after wandering for years, as it seemed to me, in some distant world, I awoke with a shock to find myself in the receiving halls of the bath.”

The menials, he remarked, seemed to understand his condition, for, after leaving the bath, a glass of very acid sherbet was given him, which afforded instant relief. Yet for two or three days he was subject to involuntary fits of absence, which made him “insensible for the time being to all that was passing around.” “I walked the streets of Damascus with a strange consciousness that I was in some other place at the same time, and with a constant effort to reunite my clouded perceptions.” He remarks, in conclusion, that, “Fearful as the rash experiment proved to me, I did not regret having made it. It revealed depths of rapture and suffering which the natural faculties never could have sounded. It has taught me the majesty of human reason even in the weakest, and the awful peril of tampering with that which assails their integrity, and I have here faithfully and fully written out my experience on account of the lesson it may convey to others.”

The extent to which I have indulged in extracting from this most interesting chapter in Mr. Taylor’s altogether interesting and valuable work, precludes the possibility of touching upon some other points in this connection. These, together with the internal agencies before alluded to, as affecting the mental manifestations through the medium of the circulatory fluids, must be reserved for a future number.

HOMICIDE IN WHICH THE PLEA OF INSANITY WAS INTERPOSED.*

THE MURDER.

Joseph Brown entered his own house on the morning of the 16th of April, shortly after breakfast, where his wife, Ann Brown, was engaged at the table with her domestic duties. She, together with her daughter, a little girl, aged twelve years, were the only persons present. He went to his daughter, and taking from his pocket his wallet, containing twenty dollars, gave it to her. On turning towards his wife she kindly said to him, "Joseph, I am afraid of you," on which he immediately seized a long, sharp knife (used about the house to cut shavings) with one hand, and with the other threw her upon the floor; while in this position, lying upon her back, he cut her throat, severing the jugular vein, from which she shortly died.

HISTORY.

The prisoner was about forty years of age, of dark complexion, genteel appearance, and his countenance exhibited little of the fiend-like disposition manifested in the deed with which he was charged. He had the reputation of being a laborious man, was married, with two children living. He was a member of the Baptist church, and had been in the habit of taking a prominent part in its religious exercises, where his public speaking was loud and vehement. His religious exhortations, though apparently very earnest, were strangely inconsistent with other manifestations of his character. For twenty years he had been accustomed to more or less indulgence in stimulants; and whatever may have been his early disposition, it gradually grew to be irritable. Many persons, who had been acquainted with him a number of years, knew him to be intemperate and quarrelsome. His disposition was particularly exhibited toward his wife, who was a feeble woman;

* Trial of Capt. Joseph J. Brown, of Isleborough, in the county of Waldo, Maine, for the murder of his wife, Ann, on the 16th of April, 1856, in which the plea of insanity was the defense. Held at Belfast, Me., before the SUPREME JUDICIAL COURT, JUDGE MAY PRESIDING.

yet he provided for the ordinary family necessities, and manifested in them a general interest.

The mother of Ann Brown went to live with her nine years prior to the murder, and continued with her till the spring of 1855. During her residence she witnessed, not only the irritable disposition of the prisoner toward his wife, but, on several occasions, the infliction of physical abuse. Three years previous to the death of his wife he struck her with his fist; and again, on another occasion, while she was sitting at dinner, her husband kicked her from the chair, and she fell upon the floor. They had not spoken to each other in such a way as to provoke any assault. One year afterwards, and without provocation from words, she was again the victim of an assault, in being kicked from her chair upon the floor. The prisoner, on this occasion, was about to leave his home, to be absent several days. In a few moments he returned with a pair of boots, and with one of these repeated his violence by inflicting three or four blows upon her head. He left the house and returned for the second time, and gave his little daughter some pieces of money. This occurred without any evidence of his having been influenced by stimulants, and without being excited by any unpleasant conversation.

On another occasion Mrs. Brown was obliged to flee from the house, in consequence of her fear that the many threats of violence would be put in execution. The frequency of these, together with the general irritable disposition of the prisoner, obliged Mrs. Brown's mother at length permanently to leave the house. The exhibition of this disposition, as well as the general abuse of his wife, was manifest to the friends and neighbors, who testified, on the trial, to its existence.

HEREDITARY PREDISPOSITION.

The grandfather of Joseph Brown was subject to periods of depression at the age of 62; and on one occasion nearly succeeded in committing suicide, by cutting his throat. At this time he was said to be unable to conduct his business; yet he was afterwards able to be about his residence, and to go at large with safety. This occurrence followed a period of sickness. The grandmother lived to be over seventy years of age, and during the latter part of her life was demented and under the care of legal guardians. The mother was passionate and irritable, and her peculiarities were the subject of remark by her neighbors. She died of tubercular disease, at the age of forty-seven years. An uncle was

found drowned under such circumstances as to furnish the impression that he had committed suicide. A brother had an attack of fever, which was followed by mental aberration, continuing several months after.

CONDUCT OF BROWN ANTECEDENT TO THE MURDER.

With the exception of the prisoner's conduct toward his wife, detailed in the history given above, nothing very special in his history occurred to attract public attention to his condition, until about three weeks before the murder. He went to his brother's house, with whom he had some business transaction, and while there, became turbulent, and used improper language to his wife; applying to her opprobrious epithets. At length, on being ordered to leave the premises, he seized his brother by the neckcloth. Assistance being at hand, he released his hold, laughed heartily, and left the house. The door was then fastened, on which he returned, broke it open, threatening violence, and, after alarming the family with his strange actions, left the house, running rapidly a distance of several hundred feet. Here he ran around in the direction of a circle, and, going to the centre of it, he was seen to raise his hands in the air and walk away. His family were unable to account for this occurrence, and it does not appear he was intoxicated at the time.

The only conversation or manifestation which had the appearance of delusion on the part of the prisoner, was on the twelfth of April, when he told his physician and his wife's friends of his belief in her infidelity. A charge similar to this, and without foundation, seems to have been occasionally made before her, and led, on one occasion, to an assault. On two occasions on which this declaration was made he was evidently intoxicated.

On Saturday, the 12th of April, Brown was observed drinking rum. On Monday he went to Belfast for the purpose of purchasing meal, sugar, and tea, and procuring the services of a physician to visit a sick child. The captain of the vessel who carried him from Isleborough to Belfast, the grocer of whom he made his purchases, and the physician upon whom he called, perceived him to be intoxicated. He indulged freely in the use of stimulants on his return to Isleborough, and also brought with him a quantity in a jug, which he drank.

Early on Tuesday morning he returned home. His daughter, who was sleeping with her mother, got up, and Brown retired with his wife. During the morning he went with his wife to the house of his brother-

in-law, and took a seat there, showing no disposition to engage in conversation. He got up and left the house several times, and when asked why he appeared so strangely, repeated the charge he had before made of his wife's infidelity, but without any exhibition of indignation or excitement. At dinner he took nothing but a cup of tea; and when about to return home, shortly after, asked his wife to accompany him, which she refused to do, unless accompanied by some person for protection. He then left alone. Mrs. Brown's sister accompanied her home, and remained with her during the night. Brown's manner was restless and uneasy, so much so that his friends inferred he was intoxicated, and had been without sleep.

Tuesday afternoon, Brown called at the house of Capt. Warren, who had charge of a vessel sailing between Isleborough and Belfast, and inquired whether he brought the provisions he had purchased from Belfast. He was then on his way to Belfast, but, before going, placed the following inscription, on paper, upon the door of his own house: "*Farewell, house, wife, and blessed little children. May God bless you.*" On arriving at Belfast he partook of a supper, and, according to his own statement, drank one quart of gin before he retired at night. About two o'clock, Wednesday morning, he awoke suddenly, and immediately set out for Isleborough.

On Wednesday, between six and seven in the morning, Brown returned to Isleborough. He called at the house of a neighbor to request him to draw his purchased articles home. At another house where he called, he requested some stimulus, complaining of feeling badly. Here he twice drank some liquor, and proceeded toward his house. The two persons upon whom he had called did not mention any special appearance as characterizing his actions. He arrived home a short time after his sister-in-law had left, and committed the murder under the circumstances detailed above.

CONDUCT OF BROWN IMMEDIATELY AFTER THE MURDER.

After the commission of the murder, Brown left his house, and was seen by his neighbors running toward a bluff, seventy feet high, projecting over the sea. They were attracted by his manner, and the direction he was going, and pursued him. On his way, and while running, he took off his coat, and, when about to leap from the rock, his niece, a little girl, took hold of him, screamed loudly, and said if he jumped from the bluff she would throw a rock upon his head. On

his way to the bluff he cried out to his sister, who was in pursuit also, to go to his house. Brown passed down by the side of the bluff to the shore, followed by three persons, and by this way to his house, from which he had then been absent about fifteen minutes. On entering, he picked up the knife, still bloody, which was secreted under the doorstep, and, without noticing the persons present, or his children, went to the body of his wife and said, "Be you dead, Ann?" On leaving the house a second time, he went toward the shore, and, taking a small boat he found there, rowed out in great haste among the numerous islands that lie contiguous to Isleborough.

After he had proceeded three or four miles, he was pursued and intercepted. When he recognized his pursuers in the boat, he pulled toward them till he came within a few rods of them, then rose up in the boat, and called to them to turn and go back, as he himself was going back. He was observed to have about his neck a rope, to which was attached a heavy stone, which he raised from the bottom of the boat and placed upon the seat. He asked one of the men in the boat if his wife was dead, and receiving an evasive answer, replied, "Yes, she is, for I killed her; but she killed me first. I have lived long enough; I don't mean to live any longer, and I now commit my body to the waves. Take good care of my children. If I come up, you may pick me up and save my life, if you have a mind to." He then jumped into the water with the stone attached to his neck. Coming to the surface, he swam directly to the boat, and was rescued in an exhausted condition, and with some difficulty in consequence of the great weight of the stone. Every exertion he was able to make was in aid of those who were endeavoring to get him out of the water.

As the boat approached the shore, Brown called the attention of the party to the bluff, from which he had intended to cast himself; and while their attention was thus called away, he precipitated himself into the water. As he rose to the surface, a distance of twenty-five feet from the boat, he used his utmost exertion to regain it. There was no further attempt at self-destruction, and, without any resistance, he was placed in the jail to await his trial.

THE TRIAL.

The prosecution called the daughter of the prisoner, a neighbor who identified the body of Mrs. Brown, and the coroner who held the inquest upon her remains, to establish their cause. The defense pro-

duced thirty-seven witnesses, who testified to various incidents in the prisoner's life, the hereditary predisposition to insanity, and to his conduct prior to and succeeding the murder, as going to establish his insanity. The testimony of the only expert produced upon the trial is here given, nearly complete.

Dr. Henry M. Harlow sworn.—"I am the superintendent of the Insane Hospital at Augusta. I have been engaged in an asylum for the insane twelve years. Insanity is inherited and transmitted. The existence of partial insanity is recognized, in contradistinction to general insanity. Delusion and hallucination is the belief in the existence of any thing which may have no foundation, and which inability to perceive correctly is the result of disease. Delusion pertains to conditions of the mind—hallucination to the senses. Both frequently exist together. Jealousy is a frequent symptom of insanity. I have seen cases of insanity caused by jealousy, and have also seen cases where jealousy was a delusion—a symptom of insanity. The indication of jealousy, when a delusion, is to accuse the object of it with infidelity. An insane man can not be persuaded to sacrifice his delusion. A person laboring under a delusion of jealousy might be led to the commission of homicide in consequence of it.

"Inherited insanity is not always developed with the same manifestations as in the ancestors. The use of ardent spirits, as well as the excessive use of tobacco, would aggravate the disease. A person with a homicidal propensity would not probably commit murder while in a state of intoxication, but would be more liable to it immediately after it passed away, and while depressed. One of the most common symptoms of insanity is the inclination to wander about. Suicide is rarely committed by sane men. I put suicide down as one of the most prominent circumstances in making up an opinion of a case of insanity. Homicidal insanity usually is incited without preparation or premeditation. Suicides usually occur secretly. The best writers recognize the existence of the *insane impulse*. If a man should commit a homicide in a sudden manner, without preparation, and in the presence of witnesses, the existence of insanity would be suspected. Persons of a homicidal tendency are often aware of the propensity, and call for care and protection.

"The existence of insanity would be strongly suspected in the case of a person who inherited the disease, who was accustomed to the use of stimulants, and who had been deprived of his customary rest at

night. Capacity to attend to business is not incompatible with the existence of insanity. The accidental presence of a weapon would tend to incite the insane impulse. The fact that a person is able to recall events in the insane state is not incompatible with insanity.

“The attempt at suicide, the sight of blood, or a plunge in the water might so modify the action of the circulation of the brain as to be followed by an abatement of the disease; so that a person who had attempted suicide might make efforts to save himself.”

Cross-examined.—“If an ancestor had labored under insanity, his descendants would inherit the predisposition to it, which would be liable to be developed under the influence of an exciting cause. Suicides, after preparing the rope, or instruments for its accomplishment, often relinquish the design. The large majority of suicides are accomplished under the influence of insanity, though the mere fact of suicide is not conclusive evidence of insanity. A person who had a correct knowledge of a homicide he had committed would not be considered insane. A delusion implies some derangement of the brain; yet a man may have an illusion and not be insane. The actions of a man, prior and subsequent to the act with which he is charged, are necessary to determine his mental state at the time. An insane man, if he talked at all of his trial, would do so freely.”

By Attorney-General.—“What would you say as to the sanity or the insanity of a man who had been a habitual drinker of ardent spirits all his life, and on several occasions had abused his wife, kicking her, and threatening her life if she exposed him, and finally committed a murder without any apparent cause, and then fled?”

Answer.—“I should not hesitate to pronounce him insane, provided all the circumstances of the act went to corroborate the existence of disease.

“Continued intoxication would excite insanity, if the predisposition existed. An insane homicide is often the result of an uncontrollable impulse. An insane person may have an immediate return to sanity and may remain well. Insane persons often assign causes for the commission of their crimes. Remorse frequently follows so that they regret their occurrence. They are frequently aware of the presence of the homicidal impulse, where it exists, and ask to be cared for, conscious they may be unable to resist it.”

By Attorney-General.—“If a man should say he was perfectly insane, and should say, ‘I commit my body to the waves, and if I

come up again, you may save me if you can,' would you consider him sane or insane?"

Answer.—"I should not consider him insane from these circumstances alone. I should not expect a man who had once attempted to commit suicide, and had changed his mind by reason of the shock, would attempt it again immediately."

To the Court.—"An insane man about to commit suicide by jumping from a precipice would be arrested by a very slight cause—a word might do it."

By Prisoner's Counsel.—"If the testimony in this case is true, as you have heard it, what would you say as to the mental state of the prisoner at the time of the commission of the murder?"

Answer.—"I should say he was insane—that he was laboring under a delusion. I should regard it a clear case of homicidal insanity."

To Attorney-General.—"The prisoner did not probably meditate the murder when he entered his house, and I do not think he knew what he was doing, or was sensible of the consequences of his act, but came to his senses immediately after, sufficiently so as to realize what he had done. Insane homicides usually select their victims from among their most intimate friends, and the extent of the danger would depend very much upon the nature of their delusions."

Judge May, in his charge to the jury, said: "In all the remarks which I have thus far submitted to your consideration, I have made them upon the assumption that the prisoner was a sane man at the time of the perpetration of the deed. I have done so, not because I intended to express any opinion, if I have any, in view of all the evidence in the case, but because, by law, every person who has arrived at the age of fourteen years, is presumed to have common discretion and understanding, until the contrary is made to appear.

"The defense is placed mostly, if not wholly, upon the ground that the prisoner, at the time when he committed the act, was so insane as not to be responsible for his acts. This is an important question, and you must decide it from the whole evidence in the case.

"The prisoner is to be presumed to have been sane and to have possessed a sufficient degree of reason to be responsible for his crimes, until the contrary be proved to your satisfaction. And the burden of proof is upon him to overcome this presumption, and to establish this defense. It must be satisfactorily proved, that, at the time of committing

the act, he was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, he must have been so demented as not to know that what he was doing was wrong. He is not to be excused from responsibility, if he had capacity and reason sufficient to enable him to distinguish between right and wrong as to the particular act he was then doing;—a knowledge and consciousness that the act he was then doing was wrong and criminal, and would subject him to punishment. To be responsible, he must have had, at the time of the act, sufficient power of memory to recollect the relation in which he stood to others, and in which others stood to him; and to know that the act he was then doing was contrary to the plain dictates of justice and right, injurious to others, and a violation of the dictates of duty. On the contrary, although he might have been laboring under partial insanity, if he, notwithstanding, understood the nature and character of the act, and its consequences, and had a knowledge that it was wrong and criminal, and a mental power sufficient to apply that knowledge to his own case, and to know that if he did the act he would do wrong and receive punishment, such partial insanity is not sufficient to exempt him from responsibility for his criminal act. If, then, it is proved to your satisfaction, that the mind of the prisoner was in a diseased and unsound state at the time when the act was committed, the question is whether the disease existed to so high a degree that for the time being it overwhelmed his reason, conscience, and judgment; and whether the prisoner, in committing the homicide, acted from an irresistible and uncontrollable impulse—called, by Dr. Harlow, an insane impulse. If he did so act, then the act was not that of a voluntary agent, but the involuntary act of the body without the concurrence of a mind directing it, and he is not responsible for it. He must have had intelligence and capacity enough to have had a criminal intent and purpose; and if his reason and mental powers were either so deficient that he had no will, no conscience or controlling mental power; or *if, through the overwhelming violence of mental disease, his intellectual power was for the time being obliterated*, then he was not responsible for his acts, and is not punishable for criminal acts done under such circumstances.

“The insanity relied on in this case I understand to be a partial insanity, consisting of a suicidal or homicidal tendency, accompanied by a delusion or hallucination, springing from an insane jealousy.

Whether this be so or not, is a question which you are to determine from the whole evidence in the case ; and, if it existed, whether it so far overwhelmed his reason and conscience that, at the time he did the act, he had not a guilty knowledge of what he was doing. These may be difficult questions, and the difficulty arises from the little knowledge we have of the operations and diseases of the mind. We can know nothing of the mind except from the development of its thoughts and its acts. It is by these that we measure the intellectual strength and capacity of men, and are thereby enabled to decide whether a man is great or small. So it is only by the manifestations of the mind that we can tell whether, in fact, *the mind is diseased or not*.

“There is much testimony in this case in relation to the habits of the prisoner in regard to temperance. The tendency of intoxicating drinks to influence the mind and destroy its regular functions, if there be any hereditary predisposition to insanity, is well known. * * * * * If a crime is committed by a person in a fit of intoxication, and while it lasts, the temporary insanity, which usually accompanies such intoxication, is no excuse for it. If, then, you are satisfied that the prisoner was in a state of actual intoxication at the time of the commission of the act,—and that intoxication, being voluntary on his part, had so bereft him of his reason that he did not know what he was doing, or the criminality of the act,—then such insanity is no excuse for his crime. This is an exception to the general rule touching insanity ; but before such insanity can be regarded as coming within the exception, it must first be shown that the act was the immediate result of the fit of intoxication, and while it lasted, and not the result of insanity remotely occasioned by previous habits of gross indulgence in spirituous liquors. The law looks to the immediate, and not the remote cause ; and, therefore, if the prisoner, from any cause, was insane when the act was committed, and that insanity was not occasioned by a fit of intoxication then upon him, he should be acquitted—even though it were occasioned by a recent fit of intoxication, or by habits of intemperance which he had voluntarily brought upon himself.

“If you should acquit the prisoner upon the ground of insanity, the law requires you to certify that fact when you return your verdict, and provides that the court shall have power to commit the accused to prison, or the insane hospital until restored to his right reason, or be otherwise discharged by due course of law.”

The jury returned, after an absence of thirty minutes, with a verdict of *guilty of murder, in the first degree*.

During the closing ceremony of the trial, the prisoner stood unmoved by any thing around him. When he stood up to receive the sentence of the law, on being asked what he had to say why sentence of death should not be pronounced upon him, he replied, “I have been found guilty of the murder of my wife. If I have killed her, I don’t know it. I am glad I killed no other.”

We could not but feel, at the time, that the verdict was unjust and inhuman. We have had no cause to change our opinion of the case since the trial. We needed no more evidence to convince us of the insanity of the prisoner than was presented there. The prisoner was sentenced to be hung, and, in accordance with a wise provision in the laws of Maine, directing all persons sentenced to capital punishment to be confined in prison until the Governor shall appoint the time of execution, was sent to the State Prison at Thomaston. While confined there, on the 27th of August, he committed suicide by cutting his throat with a piece of looking-glass. It appears to us the cap-stone was here added to the accumulation in favor of the prisoner’s irresponsibility.

H. M. H.

MARRIAGE BETWEEN RELATIVES CONSIDERED AS A CAUSE OF CONGENITAL DEAFNESS.*

Read before the Academy of Medicine, 29th of April, 1856, by M. MÈNIÈRE, Fellow of the Faculty, Physician of the Imperial Institute for the Deaf and Dumb.

A PERSON is deaf and dumb, is it possible to determine the causes which have produced this fearful calamity? Such is the problem which we would endeavor to solve; but thus stated, and in its vast extent, it admits of expansion far out of all proportion which the Academy accords to physicians desirous of making known the result of their researches. I shall, then, confine the subject within bounds, by elimination, in order to arrive at the principal causes—at those which have, so to speak, a specific character, and which may become the source of efficacious preventive measures.

Let us take, at hazard, a number of one hundred deaf-mutes, from the ages of ten to fifteen; let us select the intelligent, those instructed,

* Translated from *Gazette Médicale de Paris*.

and furnished with papers containing positive information on all points of their history; we shall find that two-thirds of these children heard up to a more or less advanced age, and that they belong to the great class of deaf-mutes arising from accidental causes. We need not occupy ourselves with them here, as the reasons which have destroyed their hearing belong to the department of ordinary pathology.

The remaining third—that is to say, deaf-mutes, having never heard, those who may be regarded as affected with congenital deafness, and, as a consequence, with dumbness—are not deaf to the same degree; there are those among them who are accessible to certain sonorous concussions—who perceive some noises, and even sounds. These slight differences do not affect their general condition; they are the deaf and dumb, whom no medical art can cure; at least hitherto, it has not beneficially modified this state of being. But if therapeutics are insufficient, it is not, therefore, necessary to abandon these unfortunate persons; art may intervene efficaciously in seeking to prevent the evil, and it is the attainment of this desirable end that gives such deep interest to the study of the causes of this malady. There, where therapeutics are at fault, hygiene offers remarkable resources; let us, therefore, endeavor to show that congenital absence of hearing belongs more especially to this great division of the art of curing.

When the parents of a child deaf and dumb from birth are carefully interrogated, so as to ascertain the probable causes of this infirmity, we find the same accidents almost always indicated. The vivid impressions felt by the mother during gestation play the prominent part; but if the knowledge of these facts is insisted upon, in order to appreciate their value, their unimportance is soon comprehended, arranged as they are, for the most part, afterwards. The human mind easily creates circumstances capable of explaining phenomena; it accepts more readily those which are of a mysterious nature, and it clings to them the more closely the less they are to be explained.

We have no reason to deny, absolutely, that the very vivid impressions experienced during pregnancy may exert an unfavorable influence upon the fœtus; but as nothing in science has demonstrated to us that causes of this kind have a specific action upon the sense of hearing, we shall not allow ourselves to dwell longer on this point of the controversy.

After the moral impressions come the physical accidents, and mothers often invoke them as the cause of the infirmity of the child. Falls, blows acting directly upon the distended uterus, producing the

cessation, during a longer or shorter time, of the movements of the infant, may have a direct influence upon it; but in what way can this action be injurious to the ears? Why should deafness be the result? Hitherto, nothing has led to the appreciation of such a fact, therefore we are not authorized to take it into account. Hereditary transmission remains; for we are naturally led to believe that the loss, or rather the absence, of an organ like the ear, is the consequence of a primary congenital state, and it is asked if the parents have not themselves a similar infirmity. During a long time, researches, made with a view of throwing light upon this point of the history of deaf-mutes, have furnished a negative result—that is to say, it has been found that children deaf and dumb from birth were born of parents who had the faculty of hearing. But statistical truths are rarely absolute,—figures have ceased to favor this opinion; new facts, closely observed, demonstrate that deaf-mutes have given birth to children deaf and dumb; but I hasten to add that these few facts only constitute an exception to the rule previously indicated.

Observations, instituted with the greatest care, show that the infant during the intra-uterine life, may be affected with cerebral lesion; those who survive these serious maladies, *hydrocéphales*, *microcéphales*, are ordinarily idiots, or paralytics; in some of them there is a want of hearing, but it is less the ear than the brain which is injured,—intelligence is wanting rather than the sense of hearing, in such a way that it is difficult to establish the diagnosis of deafness. However, facts of this kind, although small in number, have a real importance; they show that, in certain cases, the absence of hearing may be the consequence of an organic disease developed before birth. We may even admit that infants totally deaf upon coming into the world, owe this infirmity to cerebral accidents supervening during the intra-uterine existence, and analogy suffices for this; but in many cases no trace of such lesion exists, consequently there is no sufficient reason for recurring to this supposition.

When a pregnancy has, however, been disturbed by serious accidents,—when the movements of the fœtus, before regular, have suddenly made considerable and unusual variations, or have ceased for a long time, we should be authorized to think that the child had been attacked with some serious evil; and if, after birth, the want of hearing should be promptly proved,—if the head should present some anomalous malformation,—or if nothing analogous should be found,—we might

regard deafness as a direct consequence of these accidents; and I know not that the most severe judgment could make any serious objection to this manner of viewing the subject.

In the greater number of cases, those born deaf and dumb can not come under any of the preceding categories. The most careful and persevering researches fail to find, in any of these causes, materials adequate to legitimize the results. It is necessary, then, to go still farther, to mount yet higher,—to the human organism,—and see if there do not exist circumstances calculated to modify it in such a way that certain morbid conditions should manifest the power of these primary causes.

Invincible arguments exist to support the following proposition : *Man, or rather the human species, deteriorates under certain appreciable conditions.* All the world feels that this is true; the history of all ages and of all countries is full of facts, which are of public notoriety; all have seen and known of races of men degenerated, debased,—of families becoming extinct; and science cannot answer, at the present time, the question, to what causes these public and private calamities are to be attributed.

The influence of climate has been more generally cited than any other, because it involves not only the physical, but the moral nature, the diet, and the education, the form of government, and all that constitutes the organization of society.

Let us, however, abandon these speculations, in order to come simply to the statement of certain facts, adequate to furnish legitimate argument; let us examine the statistics of authenticated documents, and find, for example, what countries in Europe contain the largest number of deaf and dumb. Since the commencement of this century, the greater part of the governments, stimulated by the zeal of some generous souls, and at last by public opinion, have sought out calamities in order to afford relief; they have made an inventory, as it were, in this particular; and, by successive examinations, the number of deaf and dumb in each of the central states of the Old World has been ascertained. Official statements have been published in various works. I have indicated some of the principal results in a book printed more than fifteen years ago, and I may add, that since that period they have not sensibly altered.

One general fact is apparent from these documents,—the number of deaf and dumb vary much in each country: sometimes there are one

in every three thousand inhabitants, sometimes one in two thousand, and in certain localities one in two hundred, and even more. These great differences can not be attributed to the inaccuracy of official statements; only want of precision in determining the infirmity can be taken into account. Very often idiots are confounded with the deaf and dumb, but this cause of error is not sufficiently great to vitiate the results of approximate statistics.

If there are countries where there are ten times more deaf and dumb than others, it is impossible not to believe that there exists some local causes capable of producing such a result. Now, these regions so sadly circumstanced are those also which contain the greater number of cretins—those in which the human race manifests the characteristics of the most profound deterioration. Let us endeavor, then, to reach the true source of this public calamity. The average duration of life is not the same in all the countries of Europe. If it attains thirty-eight and forty years among the most hardy nations, and the best provided with all the necessities of existence, it falls to thirty and to twenty-eight in countries less favored in this respect. There, also, the greater number of children die in infancy; there, also, youth is less rich in healthy subjects; and among the adults the number of individuals fit for military service diminish in a considerable proportion. Wherever there are many cretins, wherever the children commonly die before the fourth year, wherever the cases of exemption among the conscripts are numerous in consequence of infirmities, it is there also that we can count the largest number of deaf and dumb. It is impossible to avoid establishing a connection between these facts: they are harmonious; they are all the expressions of a like condition—namely, the deterioration of the species, the diminution of the vitality of individuals.

We thus reach the culminating point of this important question—the determination of the general causes which exercise an unfavorable influence upon the human organism. Among these causes is one which plays a prominent part; it is in some measure recognized by all the world; it forms one of those traditional ideas which time consecrates, which certain laws confirm, which everybody accepts, and which, nevertheless, are not clearly enough defined to give rise to official prescription. I speak of marriage between relatives—consanguinity between husband and wife.

It would not be difficult to discover, in the most ancient, literary, or religious records of nations, traces of this idea. Former legislators have

given rules for the civil constitution of families, and these ordinances are founded upon the consideration of the evils which result from the union of individuals springing from the same origin. The crossing of races is the natural consequence of these practical views; and it must have entered, gradually, into the intelligence of nations, that to intermarry with strangers was a guaranty of the preservation of the human species. But between these vague beliefs and a law there is a wide difference; and it became necessary to place this rule under the protection of Christianity, in order to insure for it all the development of which it was susceptible.

During a long succession of centuries, marriage was absolutely interdicted between all persons related in any degree whatever; the church alone reserving the right to infringe the rule she herself imposed, in rare instances, the value of which she could appreciate. But these vigorous measures were subject, like many other things, to deplorable relaxations, and at this time all trace of these interdictions has disappeared. If ecclesiastical dispensations are still solicited, it is very well understood that there no longer exist any invalidating circumstances, that civil marriage out of respect for individual liberty is authorized to all degrees of consanguinity, and that, with the single exception of his mother or sister, a man may marry whom he will. Religious law must follow the civil law—it bestows the consecration necessary to an act already accomplished; and whatever difficulties it opposes to this union, it must ratify what the civil state has permitted. The consequences of this liberty are deplorable—more deplorable than would be believed, for it is easily demonstrated that here is to be found the principal cause for the deterioration of races. Experience has abundantly proved, that in the work of the reproduction of living beings, whatever place in the scale of nature they may occupy, there are useful conditions which favor the result, insure the vitality of the productions, not only for the present, but the future; for the duration of the species is guaranteed in proportion to the perfection of the individual. Do we not know that in agriculture all the vegetables we plant and cultivate are subject to laws based upon centuries of experience? Is it not the same in domestic economy for the reproduction of all animals useful to man, and do we not obey, in these cases, habits which establish the absolute value of the crossing of the races?

We cannot deny the analogy of functions between all living beings.

It is not necessary to be a great physiologist in order to comprehend that wheat, hemp, maize, all alimentary and textile plants, etc., deteriorate when their seeds are not renewed, and their distribution varied. The most common experience demonstrates that in the animal races the productions, to be healthy, should be the result of the introduction among the herd of foreign blood. Now, why should it not be the same in the human family? If our pride shrinks from such comparisons, we must, nevertheless, submit to them, for they are necessary, and the title of nobility inscribed upon our foreheads does not destroy the tie of parentage which connects us with the rest of creation. Thus man is subjected to the same fatal law which imposes upon all living beings; he can continue in time and space only by the aid of usages which he has in common with all who breathe; and the law of general preservation is for him as for others—the crossing of races, the renewal of the vital agencies.

Those who live in flagrant contradiction to these universal rules will, sooner or later, feel the punishment of their faults, and suffer the disastrous consequences of a practice in opposition to the precepts of experience. Marriage between blood-relations is nowhere of such frequent occurrence as in the localities where are born the greatest number of deaf and dumb. I have before described certain valleys of the canton of Berne, the inhabitants of which, collected in masses, and living almost without any means of communication with neighboring countries, offer all the conditions favorable to these unions between relatives. There, the men marry very young, in order to avoid the troubles and cares of a celibacy without compensation. They marry their cousins, and all the families have been allied for a long time. The children of two brothers, of a brother and of a sister, marry as a matter of expediency, and thus preserve the inheritance intact; consequently, the new family is founded in physical conditions than which nothing could be more injurious. It is in the midst of these isolated populations that we find, in all its hideousness, the degradation of the species, the corruption of the race. There reign cretinism, idiocy, and congenital deafness, to such a degree that the demonstration of the fact I have advanced blazes forth with all its brilliancy. The experiment has been made a long time; it is practiced among the masses; the consequences which flow from it are as clear as they are afflicting; and, finally, it would be to reject all evidence not to recognize in these results the condemnation of such abominable customs.

That marriage between relatives is one cause of the deterioration of the species is certain ; but it may be asked, How can congenital deafness be considered as a proof of the degeneration of the offspring of these unions ? I do not pretend to clear up all these mysteries, only it may be said, as a general rule, that the nervous system, which holds the first rank in the human organization, is also that which suffers the most serious injuries : shortness of stature, slowness and imperfection of development, infancy prolonged far beyond its ordinary limits, as M. le docteur Baillarger has so fully proved, and, finally, obtuseness of the senses, and more particularly feebleness, or even want, of hearing, are the disasters which are to be observed in the brain and its dependencies. It is man reduced to a merely negative condition, manifesting only rudimentary traces of intelligence, a sorrowful object of disgust to all except to the unextinguishable tenderness of maternal instinct.

If we are reproached with coloring too highly the features of this picture,—of attributing to a single cause this degraded organism, while it may be the result of a rare combination of exceptional circumstances,—it would be easy to prove that it is in nothing exaggerated, and that the practice of marriage between blood-relations is the most important of those which can be invoked in such a case. There exist, in truth, families who, living in the midst of luxury and abundance, watched over with the most enlightened care, offer, nevertheless, the sad spectacle of these infirmities of body and mind. These families, instead of seeking a new element adequate to revivify their exhausted organisms by making foreign alliances, obstinately persist in contracting marriages with branches issuing from the same trunk, perpetually contract the circle instead of enlarging it, concentrating in these intimate unions the double influence of an origin already debilitated, and suffer the laws of degeneration imposed upon all those who walk in this path of perdition. If, in the confined and isolated localities I have mentioned, a man marries his own cousin,—if the uncle marries his niece, because the scarcity of matrimonial elements renders the thing necessary, other considerations dictate the same practice among those especially who occupy the most elevated stations in the social scale. Royal families, environed by motives of policy, subjected to the exigencies of government, or restrained by incentives of a different order,—as the dominant religion of the people over whom they hold sway,—can only select their alliances within a very narrow circle ; and thus, in spite of the best-directed care, the royal races become enfeebled under

the fatal influence of these intermarriages among themselves. Some of these unions remain absolutely sterile; others produce miserable offspring, destined to premature death; the intellect is weakened, or imbecility reveals itself, and even idiocy pierces through all the privacy of a respected seclusion; and the people, who willingly believe that all the miseries of life are reserved for them, see with secret contentment that the throne is not exempted from the most cruel sorrows, and that all the happy privileges are not the portion of those who are the sovereigns of the world.

The history of all ages contains terrible lessons of this kind; it is not necessary to recall them; whoever will reflect upon this subject will find in his memory many celebrated examples to the support of this argument, and will rest convinced that in marriage there exist natural incompatibilities; and that in transgressing the law of dispersion of races, the lessening and even the destruction of the species is involved.

In stating thus distinctly this precept of public hygiene, we have for an end the prevention of the development of one of the most deplorable infirmities; we would wish to exhaust at its source the cause of these organic deteriorations, whose secret reveals itself to the attentive observer. Pathological anatomy of the nervous system, with whatever care it may be exercised, does not always show the lesion which determines congenital deafness; but, in taking counsel from experience, we may destroy one of the most prolific causes of this organic imperfection, and we may diminish the number of those unfortunates to whom the most enlightened and conscientious medical science has not hitherto been able to afford the slightest relief. We prevent formidable evils, which would be better still than to cure them; and, finally, families would have no longer to deplore the existence of these imperfect creatures who will rise up in judgment against the improvidence of their authors.

CASES ILLUSTRATING THE PATHOLOGY OF MENTAL DISEASE.

CASE I.

A GENTLEMAN of great mental and physical activity came, in company with his friends, to the State Lunatic Asylum, at Utica, and requested not only the medical care of the institution, but its protection. There was no hereditary predisposition to mental disease, though the ancestors were given to enthusiasm; and this element was, in a great degree, transmitted to their descendants. In the conversation that ensued immediately prior to the patient's admission there was no exhibition of excitement; and much of the following history of the case, with the incidents attending it, were elicited in a free and unrestricted interview. For many years he had suffered great annoyance from hallucinations of the sense of hearing, which at first were easily controlled, and their absurdity readily perceived. They were such as to excite apprehensions for his personal safety: as, for instance, that voices of persons within his house were heard; that he heard them distinctly concocting plans for his personal injury and disgrace. A man of undoubted courage, he for some time seemed to be aware that these impressions were the result of a mental infirmity; yet, the length of time during which they presented themselves deprived him of the power of controlling the impulses that were thereby excited; so that he armed himself, and frequently went quietly from his bed, and, without the knowledge of his wife, searched the house thoroughly to verify his impressions. The mortification that was always the consequence of these searches caused him carefully to conceal the state of mind that had induced them.

The attack of insanity under which the patient was admitted commenced about three months prior to his being brought to the Asylum. About this time he had occasion to apply himself very actively to his professional duties, in which he became so much engrossed that he lost much sleep, and in consequence became physically prostrated. This led to free indulgence in spirituous liquors to sustain him, as he supposed, to the completion of his labors. With the hope of securing sleep, he had retired at an early hour, and remained in his bed-room till

eleven o'clock, when he hastily came down into the sitting-room, where the family were seated, and declared that persons were entering his bed-room window to arrest him, was much excited in consequence, and declared that possibly, in some unguarded moment, he had offered an insult; or bowed, or smiled to a lady with whom he was unacquainted. Assurances to the contrary had no effect to alter these impressions, and it was only by seclusion in a room remote from the noise of the street that he became calm. During the night, however, he slept none. The next day he was comparatively calm; at one time, however, for a few moments, insisted that he again heard voices of men about to arrest him, and requested a relative to go and examine the records and calendars of the courts to ascertain whether any charge had been preferred against him. Slept none the next day, but was calm and quiet. The following day a creditor, of whom a purchase had been made, sent a bill of it. Apprehensions were at once aroused, which seemed to confirm the suspicions he had previously, that this would be made the basis of the criminal prosecution about to commence against him. From this time all efforts to control him were of no avail.

At midnight he arose and insisted upon seeing a legal friend, and a relative accompanied him. In a private interview he informed his lawyer that a bench warrant had been issued for his arrest, and requested advice as to the course he should pursue. The lawyer, not suspecting his mental state, advised him to leave the State *instantly*, if that was the case. On going down stairs, where the relative was waiting, he stated that he had been informed by his lawyer of the warrant that had been issued; and further, that he was charged with criminal intercourse with a mulatto child, and that his enemies, now in possession of this charge, would urge it against him, they having subscribed a large sum of money, to be expended in carrying on the suit. In a state of great alarm they left the house. On the way home the relative accompanying him was further informed that one of the parties in this scheme, a Catholic, and a personal friend of Mr. Campbell, Postmaster General, also a Catholic, had declared he would see his body in prison, if it required the requisition of the governors of two states.

He immediately left home, and, by consent of his friends, went to an obscure hotel, in order to be in readiness for a boat that was to leave in the morning for an adjoining state. During the night there was a return of the hallucination of hearing, and, feeling positive that his place of concealment was discovered, he departed about daylight in the

morning, in company with his wife, to an obscure place six miles in the country, where he remained quietly the entire day. At night, unable to endure the suspense longer, he awoke his wife, and, giving her instructions to forward his baggage, from which the name should be carefully erased, left for an adjoining state, stating he intended to pursue his way to Canada and England. They permitted him to go alone, and immediately made arrangements to carry out the directions relative to the baggage.

On the following day a consultation was held among the friends, and the only way in which the patient's strange conduct could be explained was, by presuming his insanity; and with this view a relative was despatched in pursuit. After a long search he found him secreted in an obscure hotel. In a conversation of several hours he successfully removed from the mind of his pursuer the impression that he had been insane, and asserted that, in an unguarded moment, he had committed some indiscretion with a lady, or ladies—he could not say which, but gave two names—one of a respectable married lady, the other a mulatto child. Although it was persisted that these allegations were false, yet the story seemed so well told and well connected that the truth of it was feared. Accordingly, by direction, he returned, authorized to expend one hundred dollars in investigating the charges and searching the records of the court.

Meanwhile, for further security, he insisted upon going to Canada, and reached there about one month prior to his admission to the Asylum, accompanied by a near relative, intending, as soon as the charges or allegations should be established *pro* or *con*, to place himself under the medical and moral treatment of a lunatic asylum. After remaining in Montreal four days they went to Quebec; and the second day after returned to Montreal, where his companion, finding an imperative call, left him alone, with the understanding that as soon as assurances of safety were forwarded he would return home. Being now left alone, and still believing it unsafe for him to remain long in one place, set out, by steamboat, for Quebec. As the boat approached Quebec, workmen were noticed preparing some frame-work upon the dock, which, together with the crowd awaiting the arrival of the boat, furnished the impression that a mob had collected and were erecting a gallows, intending to execute him under lynch law. With the assistance of the boatmen he was concealed in the boat, and made three trips between Quebec and Montreal. At Montreal, while secluded in

his room in his hotel, he addresses a letter to a friend, in which is evinced a remarkable appreciation of his situation :

“What a sad evening I am passing after your departure ! Citizens of the United States are arriving at this and other hotels. How can I return to the land of my nativity ? I cannot—I cannot now ! Let me dwell—be buried from the past among strangers, in a strange land, for the present. Nothing else, or less than this can, or ever will, settle my mental and physical condition. I know *now* that I have been suffering from mental derangement. I have never realized it thus distinctly before this last hour’s self-communing.”

The conclusion of this letter was written five days afterwards, but under, apparently, very different circumstances, during which time, it is supposed, he was carefully concealed :

“I have received all your letters. I desire that funds should be sent me, directed under an assumed name. I go to Quebec—now—*this* day,—and will write you fully from that city. I desire funds to carry me to Europe. Let them be sent me at once. I wish to, and will, leave the country so soon as I get means, or else before the mast.”

The apprehensions of arrest were now revived in a more vivid form, and he charged himself with having attempted improper liberties with a servant girl while in the hotel at Quebec. To punish him for this a mob had followed him from Quebec to Montreal, charging him, also, with having threatened to cut her throat if she should disclose his attempts. These delusions were accompanied by others of a similar nature, and were so harassing as to drive away all sleep. Nourishment was taken irregularly, in consequence of the supposed hazard attending exposure in a public part of the hotel. The following letter, written in great haste, illustrating the patient’s mental condition at this time, was thrown from the window of the room, in which he was carefully barricaded with the bed and other furniture.

“Why did you not come up last evening and stay with me ? O my God, such a night ! Armed assassins, with pistols and daggers, constantly tried to dash in upon me during the night, and I standing alone in my shirt, watching every movement, from after dark until after sunrise,—not a wink of sleep, and a mob waiting for me in a side street to cut me to pieces when dropped among them, pitched out from within. No one at the hotel believed in his heart that I would be alive this morning. Recollect, against me alone. I may be shot before night—even before breakfast ; but I have all along had no instruments,

no weapons, and you would not, or did not, understand my perils—but enough. Bring your revolvers, loaded and capped, immediately to my rooms! Bring the British Consul with you, for it will require the protection of horse-dragoons to get me away. I may be shot down by a hot-headed Frenchman before ten o'clock, who has interested himself in a false issue here, an infamous perversion and falsehood, as you shall hear. Within a few days, and to influence the Montreal, or rather the Quebec suit, a letter came from a lady relative to an outrage alleged to have been practiced upon her, and attributed to me, but which I solemnly deny. *Bring the revolvers, loaded, surely.*"

Another letter, written later in the same day, and under similar circumstances, discloses still further his condition :

"Hurry down to see me this morning, and, for God's sake, bring the *revolvers, loaded and capped*—all has happened in part which I had commenced writing about this morning. I would not stay here another day—even this day out—or another six hours, for a million. Hasten, then, and see me with the Consul. I must get away from this accursed place, to me, even at the hazard of my life; and here I sit without clothes, and so cold. O my God, what a night it was!"

Later in the day, the following sentence was written on a newspaper margin, and thrown from the window, showing that the delusion concerning the presence of evil-disposed persons awaiting him at the door was still entertained : "I am willing to be in the custody of the law—but not of mob law."

The friends of this gentleman had, meanwhile, been instituting careful inquiry at various hotels, and had no difficulty in recognizing the strange movements, the activity and confusion emanating from the room of this mysterious guest, as belonging to the object of their search. Under the influence of his delusions he had grown to be dangerous to himself, as well as to those about him, and, by medical direction, was placed under proper care and treatment until he could be removed to an asylum for the insane. While in this temporary retreat he labored under great mental excitement and distress. Day and night the constant presence of tormenting hallucinations prevented all rest, and led to delusions connected with the attendants about him, and the food that was presented. The following was hastily written, and thrown from the window to the supposed excited populace beneath it : "I solemnly declare that I did not write a line, and am not the author of those doggerels which, from my bed, I heard sung in the streets last night—said to be mine. I have never seen a line of them."

It seemed now absolutely certain that he was to meet at any moment an infuriated mob, or a summary, though more regular tribunal. The medical officer was interceded with to endeavor to arrange with the officer who was to command the firing party of soldiers, so that a bullet might strike a vital part, and that so the face might be preserved without mutilation. Six days before admission to the asylum, and while still in Montreal, the following copy of a letter was sent to his relatives : “ Last evening a letter was received here, where from I know not, but merely a letter setting out that I had outraged, abused, and maltreated a Miss L. Her father and mother reside here. I know not the girl, have never met her, or even seen her. I can not now say what the precise charge is, but I am the accused, and it has been made to eke out the first suit against me here. Citizens of the United States, of a certain caste, have preferred accounts and all manner of charges, and that mulatto case has worked up again, and is held as a rod of terror over me, and which never took place, never, never ! so help me our Father above ; but, from outside excitement, and preparation to execute me from a temporary gallows in front of this building, it means that this is the end. I know not and fear not, humanly speaking, and I have no means of ascertaining what is to come. I am kept carefully in the dark, and if I close here, it is because my nephew is unfortunately absent. Farewell—perhaps forever. If so, without legal process of any kind.”

During the two weeks previous to admission the patient had taken but little rest, and, in consequence, at the time of his departure from Montreal, he was in an exhausted physical state. The medical treatment of the case was confined to the administration of sulphate of morphine and nutritious food. The pulse had not been materially disturbed, and there was no febrile condition of the skin.

As the journey progressed, the collection of persons at the stations called forth constant fears and apprehensions. On one occasion he broke out in loud execrations toward a gentleman of the army present, and called for weapons for immediate defense. The persons, looks, and actions of his fellow-passengers were narrowly scanned. At Albany refreshments were prepared in a private room. While eating, and in enjoyment now, as he supposed, of security, he suddenly heard the voices of men, apparently immediately behind him, one of whom said, “ There he is, seize him !” Meanwhile, his friends, who had noticed no alteration in his manner, were alarmed to hear him exclaim, “ You may take me dead, but not alive !” and, seizing a knife before him,

plunged it into his neck. Himself alarmed at the sight of blood, declared, "I have done it now. I must surely be crazy to cut my own throat." The hemorrhage was easily allayed, and the wound closed without any unpleasant consequences.

The assurances of personal safety that were offered, and the fact of being in the care and under the protection of persons holding a position by competent authority, did very much to allay all anxiety on this account. The circumstances that have been here detailed were clearly related. There was no impairment of memory; the hallucinations, of which he had been the victim so long, were accurately recalled and related; and in calmer moments he could indicate where his hallucinations and delusions were interwoven with circumstances that actually occurred.

The treatment pursued consisted of rest in bed in a secluded room, under the care of an attendant, specially assigned in his case, and the administration of small quantities of brandy and nutritious food, frequently repeated. Anodynes were in no instance administered. All visits were restricted to the physician and attendant in charge. Under the strict moral treatment enjoined, improvement commenced and gradually continued, so that in four weeks the patient was able to sit up the greater portion of the day.

During this time, however, he was continually harassed by apprehensions of arrest. The newspapers were eagerly perused, to discover if any processes were issuing from the courts relative to him. The evening rounds of the night-attendant were construed to be the entrance of emissaries of mobs who had control of the building at night. With this exception there was no intellectual disturbance. Daily assurances of safety were given; yet, two months after convalescence commenced, he left the institution, for the purpose of exercise, with reluctance, and addressed letters to persons anxious to know if, on his final discharge, he was to leave under arrest. Patient's manner was gentle and courteous at all times. With the return of physical health, the ability to control all disordered impressions increased; and after a prolonged residence and relaxation from literary labor, he left the institution in excellent health, and, as we are happy to learn, continues well.

CASE II.

A gentleman, fifty-eight years of age, of good mental and physical development, a farmer by occupation, active, industrious, and sagacious

in the management of all his interests, of good morals, and a consistent member of the Methodist church, was admitted into the State Lunatic Asylum at Utica, where he came as much at his own request as at the solicitation of friends. There was a strong hereditary, predisposing tendency to insanity in this case. The maternal grandmother, two maternal uncles, one maternal aunt and cousin, and a daughter had all been thus afflicted.

Fifteen years prior to admission, patient received a fall from a horse, the principal force of which was expended upon the spinal column, and which was followed by total paralysis of the lower extremities. He had never fully recovered from this injury, but walked about with the assistance of a cane, and was prevented from taking an active part in the direction of his affairs. Being restricted, necessarily, to the house, he became gloomy, and subject to periods of extreme despondency. At length, these alternated with periods of exhilaration and quiet. With the exception that these returned more frequently, no impairment of the mental faculties, or inability to direct his affairs properly, was perceived till about two years before admission, when he began to feel apprehensive that he should lose his property, and assigned this as the reason of his occasional excessive interest in his affairs. One year afterwards he left home, against the advice of his friends, in pursuit of health, as he alleged, and traveled through Kentucky and Tennessee, allowing weeks to pass without communicating with his friends, eventually arriving at the house of a brother-in-law, in Michigan, in a weak, exhausted state. He appeared much excited and timid, and stated he had been pursued and harassed by noises and voices. As soon as he had recovered sufficient strength to return to his home in New York, he was removed, and continued without much alteration till July, a period of four months, when he had a paroxysm of excitement. These paroxysms returned in August and October. At these times he was restless, suspicious of his friends, heard the approach of persons about the windows, and the voices of men in conspiracy. He frequently stood near his bed-room door, armed, to resist the entrance of persons supposed to be immediately without. In connection with this was the fear that in a paroxysm of excitement he should commit some crime, as he was aware that the ability to resist the homicidal impulse to which he was subject was being gradually impaired. This fear became so great, that a man was employed, for a nominal purpose, about the house, but, in reality, to sleep in an adjoining room for his wife's pro-

tection. This arrangement was consummated without her knowledge. In October, patient employed a boy to convey him a short distance from his home, and when on the way (doubtless without premeditation) ordered him to drive immediately to Canandaigua. On arriving there he took a train, with a ticket, to Rochester; but, shortly after his departure, noticed a gentleman in the same car with himself, with whom he connected the hallucinations of hearing from which he had so long suffered, and finally embodied in him all the evils which seemed so terrible and imminent. At Pittsford the train stopped, and, while the stranger's attention was attracted in a different direction, he secretly slipped from the rear of the car, and ran rapidly across the country till he found himself on the banks of the Genesee River. From this point he went to Warsaw, and from thence to Hornellsville, where he abruptly charged two persons with conspiring together to his detriment. From Hornellsville he went to Dunkirk, and from Dunkirk to Buffalo. While on a steamboat passing from Buffalo to Niagara Falls, two clergymen were observed sitting together in conversation. He seated himself between them and commenced an examination, hoping to discover the nature of the charges against him. These gentlemen, fortunately perceiving his situation, advised him to return home, which he immediately set out to do, and arrived there safely. Three weeks before admission he had made preparations to commit, suicide should he be annoyed longer by the voices that had apparently pursued him. A razor and a rope were prepared for this purpose on distinct occasions.

In this state he came to the Asylum. He conversed calmly and clearly of the past history of his case, furnishing the particulars that have been here given. The evidences of his mental infirmity were clearly related, and the assurances that the hallucinations and delusions were but the symptoms of disease were received with heartfelt joy. He was, however, powerless to prevent the misery they induced. During the six months he continued in the Asylum, he was subject to periods of excitement, recurring at intervals of three and four weeks, and lasting from one week to ten days. In these he was not only wholly irresponsible, but dangerous to himself and others. Throughout the intervals he was quiet, and was in complete possession of his intellectual faculties.

The prognosis of this case was unfavorable, and the treatment pursued consisted in fulfilling such indications, accordingly, as presented themselves—for controlling the severity of the paroxysms and arresting

the further progress of the disease. With this view, the tincture of hyoscyamus was administered during the paroxysms, with beneficial results, and classification among convalescing patients. This association proved a powerful means of control, and prevented any explosion of violence, to which he was frequently tempted. Patient was discharged, after six months' residence, in a more comfortable condition than when admitted, though without improvement.

OBSERVATIONS.

In the two cases that are here presented there is noticed the insidious invasion of mental disease, arising, in each case, under different circumstances; the approach to the same psychological state; and the opposite methods of treatment pursued.

The earliest apparent indications of insanity, in the first case, consisted in the patient's secretly leaving the bed to vindicate his disordered senses. In the second case, the patient, unable longer to endure the persecution of voices from an unknown quarter, secretly left his home on an uncertain and indefinite excursion. In both we have observed the characteristic anxiety and restlessness, which led them frequently to change their location, and prevented their remaining in one position more than a few moments, even when in a quiet and secluded room. The writing of incoherent and inconsistent letters, and the conversation, are observed next, in order to furnish evidence of mental disease. In all cases of suspected hallucination, therefore, the movements, writing, and conversation should be attentively observed; for its existence is not incompatible with intellectual vigor, and a great degree of self-control. In accepting the definition of hallucination, as laid down by De Boismont* to be the "perception of the sensible signs of an idea," and of illusion of the senses to be the "false appreciation of real sensations," much assistance is rendered in arriving at an intelligent opinion of a case in question. We are to understand by the former simply those impressions, the result of disease, which the several senses may convey to the brain. So long as these sensorial impressions are "corrected by the understanding," no apprehensions are to be felt in the case. When, however, these impair the strength and discrimination of the perceptive faculties, or the "false

* Hallucinations; or, the Rational History of Apparitions, Visions, Dreams, Ecstasy, Magnetism, and Somnambulism. By A. Brierre De Boismont. Philadelphia: Lindsay and Blakiston.

appreciation of real sensations" begins, the medico-legal investigation into the responsibility attaching to hallucination commences.

In the acceptance and application of these general principles we have a ready explanation for the phenomena these cases present: we discover the early existence of hallucinations; their general progress and strength, overcoming all efforts for their control; and, finally, reaching a point, at which the strongest distinction, and sense of right from wrong, was in danger of being overcome, at any moment, by the violence of disease.

ON FORCED ALIMENTATION. BY WILLIAM HAMILTON, M.D.,
ASSISTANT PHYSICIAN TO WESTERN LUNATIC ASYLUM, VIRGINIA.

It will not be questioned that cases from time to time occur among the insane, in which professional duty and humanity alike require the forcible administration of nourishment and medicine. In such instances it has been the usual custom to resort to the introduction of the stomach-tube and the use of the pump—an operation which, besides being exceedingly disagreeable, and not altogether free from danger, occasionally proves ineffectual to save life. Such has been the aversion of medical men to it, that a less objectionable method has been anxiously sought, and many suggestions to overcome the difficulties that are urged in its use, have been recommended.

Acting upon a method advised, in cases of trismus, of introducing into the nostrils a tube to the posterior fauces, through which nourishment may be passed to a point beyond voluntary muscular control, an instrument was constructed, which was efficaciously employed on the 24th of June last. This has been exclusively used for this purpose since that time, and meets the approval of Doctor Stribling, the superintendent. It consists of an elastic tube, twenty-four inches long, the size of a catheter, at the open end of which a funnel is attached, and can be readily constructed by attaching together two catheters, if necessary. Near its end the tube is slightly curved. The curve is maintained by the introduction of a silver wire, two inches in length, one end being bent upon itself to preserve it in position, to prevent its impinging, at right angles, upon the posterior wall of the pharynx during the first stage of the process, and during the second, keeps the

tube from interference with the glottis. The tube being adjusted, the operator pours through it nutritious or medicated liquids, which are immediately, by automatic action, conveyed into the stomach. This operation is not disturbed, owing to the length and flexibility of the tube, by any considerable motion of the patient's head.

The nourishment usually administered is prepared by mingling two or three eggs, half an ounce of sugar, and the same quantity of oil of olives, with one pint of milk, or beef tea, and straining the mixture through a piece of coarse linen cloth. If a laxative effect is desired, molasses may be substituted for the sugar, or castor oil for the oil of olives: cod-liver oil, and various other medicinal substances, may be added as they are indicated. This preparation flows so readily through a small tube that, the whole may be administered in the space of a few minutes. This was administered three times a day, but always after placing an ordinary meal before the patient, and inviting him to partake of it. Of the cases in which it has been thought proper to resort to the method here described, those may be briefly noticed which more particularly illustrate its merits.

CASE I.—A single man, of middle age, was admitted to the Western Lunatic Asylum, June 6th, much exhausted, and survived but five weeks. During the last twenty days of his life he alleged that he was already a corpse, and, consequently, needing no food, he would take none. Both food and medicines were administered without inconvenience, as often as was deemed necessary, notwithstanding his extreme debility.

CASE II.—A young man, holding the delusion that all the food and drinks offered to him contained poison, was admitted in March last. During the two succeeding months he became so reduced by frequent fasts that, though the usual means were employed, it was thought proper to inform his friends that his life was in jeopardy. However, he had recovered a considerable degree of strength by eating more regularly, when, on the 21st of June, he announced that he would eat no more. He adhered so well to his resolution, that, between that day and the 6th of November, he voluntarily took food but twice. During this period nourishment and tonic medicines were administered by the new process, and not only was he sustained by it, but he increased in weight. Being a physician, he took considerable interest in the instrument, examining it minutely, and asking many questions about it. He willingly submitted to its use, and when he was reminded that he

could be more conveniently poisoned in this way than by drugging the dishes, he replied that, if he died by poison, the responsibility must rest upon those who forced it upon him; whereas, if he swallowed it voluntarily, he would regard himself as guilty of suicide. Since the 6th of November he has taken food more frequently, but he still depends partly upon the tube for his sustenance.

CASE III.—A married man, aged forty-eight, was admitted May 31st. He had been insane eighteen months, the cerebral disease having advanced, gradually, as the symptoms of pulmonary disease under which he labored disappeared. He now exhibited almost constant agitation and alarm, exclaiming that he was a ruined man, that his wife and children were starving, and that he was pursued by enemies. For weeks he had scarcely taken food oftener than once in forty-eight hours. From the fourth day after his admission he obstinately refused both food and water, and, notwithstanding the use of the stomach-tube, with the pump, he became, in a short time, so exhausted that upon his making a promise to eat at home, his removal was advised. He was re-admitted, with strength somewhat increased, on the 24th of July. From that day to the 11th of November, he swallowed nothing, voluntarily, being altogether sustained by the artificial means. At the end of this period, having gained strength and weight, and his mind having become more composed, he began to take his meals regularly.

CASE IV.—A male patient, long resident in the Asylum, of dangerous propensities and great obstinacy, having been removed, for good reasons, from one ward to another, resolved to enforce his restoration by threatening to starve himself. This manœuvre he had once before practiced with success; but now, finding that he received food thrice daily, whether he would or not, he yielded on the fourth day.

The experience which has thus been partly detailed has convinced us that this method possesses many advantages over any other, in several respects. Resistance being impossible, exhaustion from violent struggling is avoided. There is no danger of breaking the teeth, bruising the lips and tongue, tearing the mucous membrane, or injecting liquids into the larynx—all of which are either the usual or the possible results of the employment of other instruments. The introduction of the tube gives no pain, and its frequent repetition produces no noticeable irritation; some slight, uncomfortable sensations only are experienced at the first and second trials. We are convinced the operation is quite practicable in any condition of body or of mind, and as often as may be desirable.

BIBLIOGRAPHICAL.

MECHANICAL RESTRAINT IN THE TREATMENT OF THE INSANE.*

FOR the past twenty years of the history of mental medicine and provision for the insane in Great Britain, among the most prominent topics in the general discussion of the subject has been the Non-restraint system. Its claims have been urged and its merits debated before courts, commissions, and the public, in the forms of legal evidence, reports of asylums, essays in medical journals, and advertisements through the press.

Among the many eminent men who have taken part in this discussion, there are none who hold a higher place, or whose opinions have exerted a wider influence, than Dr. Conolly. His undisputed talents, and high personal and professional character, with his early and consistent advocacy of the system, have continued him, throughout its entire history, its leading advocate and admitted exponent.

The book before us is published at a time when, after seventeen years of arduous and unintermitting labor as physician to one of the largest English county asylums, its author has just retired from the active duties of his profession. Thus the circumstances of its publication, as well as the name of its author, its comprehensive title and sufficient size, warrant us in approaching the volume with peculiar interest.

Thirty-four pages, forming the first chapter, are given to a notice of the treatment of the insane previous to the age of Pinel, and of the abuses which have been brought to light, and the mistaken plans of treatment advanced, since that period. This chapter is entitled, "The Last Days of the Old Method of Treatment," in contradistinction, of course, to the "new or non-restraint method," and we are given distinctly to understand that all that is opposed to science and repulsive to humanity in these oft-told horrors, attaches to the position of those

* The Treatment of the Insane without Mechanical Restraints. By John Conolly, M. D., Edin. London: Smith, Elder & Co., 65 Cornhill. 1856.

who admit the use of mechanical restraints in the treatment of the insane. This unfair imputation, this palpable begging of the question, used in past years of the controversy, particularly in its extra-professional direction, is the central idea of the chapter and the volume.

If, then, we had expected that, in retiring from a contest in which it is claimed that victory has, beyond a chance of reverse, declared for the party of Non-restraint, the weapons and strategies of a doubtful conflict would be laid aside and the spirit of the historian assumed, it remains to express our disappointment, and, with all deference to the author, to take a brief view of the subject in the sober light which distance from the field of discussion, and a non-partisan interest may afford.

The results of the critical experiment of Pinel upon the lunatics of the Bicêtre, in 1792, by proving the possibility of substituting, in their care, all the agents which an enlightened kindness and Christian sympathy might suggest, for those of an ignorant distrust and cruel superstition, inaugurated an era in the treatment of the insane. Pinel did more than this; he connected, almost from its origin, with the movement to ameliorate the condition of the insane, the idea of the curative treatment of insanity, and with his pupil, Esquirol, added to the philanthropic character of the reform arguments which commanded the attention of the political economist and legislator. The removal of all the miseries and horrors which ages of ignorance and superstition had accumulated about the insane did not immediately take place. Twenty years after the commencement of reform, it had not penetrated to several asylums of the remoter departments of France. The more flagrant abuses were, however, early discontinued, and reform, though slow, was gradual, and from a correct idea of the objects to be attained.

It was not until 1813 that Tuke, in England, through the publication of the results of his labors in his "Description of the Retreat," at York, excited general attention to the condition of the insane. Tuke was not a medical man, and through the direction of his efforts solely to the economic and ameliorative details of his institution, he gave the movement in England a direction which it has since retained. In alluding to this fact we say nothing of the scientific labors of British psychologists. But, while England stands high among nations in the extent and character of her provision for the care of the insane, the curative treatment of insanity has not been practically undertaken by the government. Nor, indeed, has too much honor been awarded to

Tuke. In his account of the York Retreat, above referred to, he indicates, as fully and clearly as can be found in any modern report, the proper economic and moral administration of an institution for the insane.

The movement in England not only retained for a considerable time the purely humanitarian character which it had at first, but its progress was slow and circumscribed. During the fifteen years next following its commencement we find voluminous reports of committees on mad-houses, legal records, and parliamentary documents, filled with repulsive particulars of flagrant personal abuse, and the wretched general condition of the insane. It is not our purpose to inquire into the causes of this delay in reform, and, with our present appreciation of the claims of this class, such an inquiry could not lessen our wonder at the fact. Little had been done, however, to remove the popular notion that whips and chains were the proper curative agents in insanity. Through the complicated provision of licensed houses, county asylums, work-houses, and private keepers, the number pecuniarily interested in the delay of reform was large; and, among the less intelligent, superstition still lingered to give a repulsiveness to the general subject.

The extended and repeated legislative inquiries into the condition of asylums, made between the years 1815 and 1827, had, in 1830, effected great changes in their administration, and several new and superior institutions had been erected. But, though the moral and sanitary features of asylums had been in many instances reformed, and rapid progress in this direction had commenced, numerous and repulsive contrivances for restraint were freely used. About this time, Dr. Charlesworth, physician to the Lincoln Asylum, turned his attention especially to lessening the use of restraints in the care of his patients. Without purposing a system of treatment, he was able, in an institution containing one hundred insane, mostly of a chronic class, gradually almost to dispense with them. Meanwhile his example, and the general progress of reform for nearly ten years, had banished many of the more repulsive varieties, and in several of the modern institutions a minimum use of restraints had been reached. In 1837, Mr. Gardiner Hill, then entered upon the third year of his duties as house surgeon to the same institution, effected their entire abolition, and announced the Non-restraint system. He was followed, in 1839, by Dr. Conolly, who, by showing the possibility of extending the system to institutions

of a large capacity, and by his talents and opportunities, took the leading position in its advocacy. The system was opposed, and its general adoption in England delayed, by the psychologists of France and Germany; but the popular mind, now thoroughly aroused to the abuses of a past age, was in its favor, and this influence, through the peculiar administration of British asylums, could not but be effective.

When, in addition to the above sketch of the reform, its correct theory, and considerable progress in England previous to the Non-restraint movement, we consider that, on the Continent, to which that movement has hardly extended, long previous to 1837, Pinel had published his *Traité Médico-Psychologique*, and Esquirol his celebrated work, *Des Maladies Mentales*,—that Riedel, Julius, and Jacobi had commenced their labors, and that asylums, still considered models of administration, existed,—our views of its necessity and importance must differ from those of Dr. Conolly. As upon these assumptions of history his entire argument is based, and as, indeed, the book is mainly devoted to portraying that system which includes the medical use of restraint with all the oft-told abuses of half a century ago, we have noticed them somewhat at length.

Part II is entitled, “The First Days of the New or Non-restraint System,” and, by elaborating the propositions of the first chapter, the author seeks to define and illustrate the system. There is in this much that is valuable as the result of a long and rich experience in the care of the insane, and that is creditable to the head and heart of the writer. Did our space allow, we should like to lay before our readers extracts of this kind; but the purpose of the chapter, and the correctness of our statements as to the contents of the preceding pages, will be best understood from its first paragraph.

“As the restraint system comprehended every possible evil of bad treatment, every fault of commission and omission, so the watchful, preventive, almost parental superintendence included in the term non-restraint, creates guards against them all; for such is its real character, if properly understood and practiced. It is, indeed, above all, important to remember, and it is the principal object of this work to explain, that the mere abolition of fetters and restraints constitutes only a part of what is properly called the non-restraint system. Accepted in its full and true sense, it is a complete system of management of insane patients, of which the operation begins the moment a patient is admitted over the threshold of an asylum. To describe the whole system successfully, we must imagine the case of a maniacal patient just brought to the reception-room. We must suppose this to be in an asylum

wherein a good system has already been established, and that the attendants are efficient and respectable, and the whole establishment is well arranged; that the diet is liberal, the clothing is clean, and the general aspect of the place cheerful. These are conditions seldom or never found in asylums where mechanical restraints are retained. The attendants in such places have a peculiar character: the female attendants are generally morose in aspect, and slatterns; and the male attendants, ill-dressed and ill-mannered, have the appearance of ruffians. The clothing of the patients is scanty and ragged; the food is ill prepared and coarse; the rooms are often offensive to sight and smell, and discomfort and gloom prevail everywhere."

Our readers have seen how unwarranted by history are the assumptions of the above extract, and to most of them, we hope, the assertions which naturally and logically follow, as to the present character of asylums where restraints are not abolished, will be further proof of their fallacy. And now, having noticed how entirely unfounded are the claims of the system to all that had been done for the insane previous to its birth, we will briefly refer to subsequent attainments in reform, which cannot possibly be connected with the Non-restraint movement. In so doing we would make no invidious comparison of British and American institutions. When the different conditions of their operations are considered, both do honor to a common race. But, as Dr. Conolly does in effect what less cautious advocates of Non-restraint have done in words, stigmatizing as barbarous and inhumane all who do not subscribe to their favorite dogma, we must venture a few remarks in this direction.

When, at the close of her political revolution, a few years of rapid and vigorous growth had raised this country to a place among states of the first rank, and had formed her without those effete physical and psychical elements which mark a more gradually acquired civilization, the principles of the reformed treatment of the insane had been fully established. The American public acted, almost from the first, with reference to the principles and practice of Pinel and Esquirol, Tuke and Charlesworth. With no burden of incurables, and no rapidly accumulating insane population, as in England, to paralyze the arm of charity,—with only the echo of those superstitions of the insane, and traditions of "mad-houses," which have there so fatally delayed the treatment of recent cases,—it viewed insanity, first, as a disease curable by a medico-moral plan of treatment, then as a misfortune calling for and responding to the best efforts toward its alleviation. After a brief trial of the old English plan, of provision in connection with general

hospitals, the French system of construction and administration was adopted. Thus the treatment of the insane became a recognized specialty of medical science, and has ever claimed the best professional skill. Under these circumstances, a crusade for the rejection of any agent more or less valuable in treatment must, as in the general profession, attach a suspicion of charlatanry to its apostles which no explanation could allay, and no reputation could survive. Such a movement has never been commenced in this country. The sentiments of American psychologists, at the present day, may be found in the report of the tenth annual meeting of Medical Superintendents of American Institutions for the Insane, published in this Journal for July, 1855. In a discussion following the reading of a paper upon "The Non-restraint System," the conclusions of the writer unfavorable to the abolition of restraints were concurred in by all the members present.

We now propose to give extracts, bearing upon the subject of restraint, from the reports, for the year 1844, of four of the most experienced and widely-known superintendents of American asylums. With these proofs of the early and unchanged theory of the treatment of the insane in this country, and an incidental notice of the character and extent of provision for this class in England and the United States, at the birth of the Non-restraint system, leaving our readers to make similar comparisons for the present time, we hope to show how possibly untrue it may be that "a good system, with efficient and respectable attendants, liberal diet, clean clothing, and cheerful aspect, are seldom or never found in asylums where mechanical restraints are retained."

"We have, as intimated in former reports, no ultra or exclusive views as to the entire disuse of apparatus to abridge the muscular movements of the highly excited. During the last three quarters of the year (a memorandum having been kept enables me to state the fact) it has been judged proper to use, on the male side of the house, a single restraining measure—that of the muff to the hands of a patient disposed to destroy his eyes; and some form of restraint, in a few instances, on the other side of the house, for reasons deemed imperative. That 'restraints,' in these few cases, might have been avoided by the substitution of hands, is probable; but it is difficult to appreciate the advantage of such painful, irritating, and less secure substitutes, as an universal rule. No reason is yet seen for cutting an institution off from the proper employment of measures occasionally valuable, by a dogmatic adherence to any ultra or exclusive rules, such as may, in other countries, have become popular, if not expedient, in consequence of an honestly

generated popular prejudice against 'restraints.'"—*From Dr. Bell's Eighth Report to Trustees of McLean (Mass.) Asylum.*

"In this institution—and I presume it is so in all others in this country—no restraint can be applied except by order of an officer. It is our rule to use no more, and continue it no longer, than is necessary to effect the object in view: in all cases, it is the comfort of the patient, not the attendant, which is consulted. In well-regulated establishments the number under restraint is always very small. While writing this there is not a single patient in this institution with any kind of restraint upon the person; and this is often the case for many days together."—*From Dr. Ray's Fourth Report to Trustees of Maine Insane Hospital.*

"In this country, cruelty, immoderate restraint, and ingenious but barbarous contrivances to control the insane are rarely, if ever, found in properly organized hospitals.

"Few intelligent men, familiar with insanity, could now be found to assert that restraining apparatus was frequently required, or that many patients could be benefited by its use. The question in controversy appears to be, whether its use is ever justifiable under any circumstances, or whether it can ever be employed without injury to the patient.

"Believing firmly that the improper use of restraining apparatus, combined with long-continued seclusion, has been and ever will be productive of the worst effects, and go far to render intractable curable cases of disease, I am still of opinion, that a few of the simpler forms of mechanical means may occasionally be employed with advantage to a patient. Judging from my own experience, the per-centage in any hospital for whom these means are indicated is exceedingly small, and for considerable intervals none will be required. The rule should be that no apparatus was in use,—its employment should be the exception,—while at the same time it should be understood, that long periods of seclusion were not to take its place, as the effects of the latter might be still more injurious."—*From Dr. Kirkbride's Fourth Report to Managers of Penn. Insane Hospital.*

"To no one object are our efforts more constantly directed than to diminish the number of this class, and to dispense with all kinds of restraining apparatus, although we most firmly believe, after much reflection and inquiry, and repeated attempts to entirely dispense with it, that some restraining apparatus, such as we have mentioned, is not only essential for the comfort of patients, but in some instances preserves their lives."—*From Dr. Brigham's Second Report to Managers of New York State Asylum.*

In 1844 there existed twenty public asylums in the United States, into which, during the year, were admitted upwards of two thousand patients. The ratio of recoveries upon these for the same time was thirty-one per cent., and the policy of curative treatment and asylum provision for both the chronic and recent insane was being recognized in the erection of model institutions in several States.

At the same time we find in the Hanwell Asylum nine hundred and eighty-four patients. Most of these had been received from their homes, or the work-houses, in an advanced stage of mental disease, and three per cent. only were considered curable. The ratio of recoveries upon admissions for the year 1844 was six per cent., and this was the average ratio for the institutions of the United Kingdom. But seventeen public asylums existed in England and Wales, and five thousand seven hundred insane were without proper care and treatment. There was no correct popular or governmental recognition of insanity as a disease amenable to treatment, or of the economical policy of sufficient and special provision. To this period, and under these conditions, Dr. Conolly had given his special attention to the subject of restraints. With an experience of five years in the care of patients of such a class, in an institution comprising hardly one of those essentials to the advantageous disuse of restraints which he so ably urges, Dr. Conolly is prepared to offer to the world a comprehensive and dogmatic system of treatment. The large section of his report for the year 1844, devoted to the system, concludes with the following paragraph :

“But, after five years’ experience, I have no hesitation in recording my opinion, that, with a well-constituted governing body, animated by philanthropy, directed by intelligence, and acting by means of proper officers, entrusted with a due degree of authority over attendants, properly selected and capable of exercising an efficient superintendence over the patients, there is no asylum in the world in which all mechanical restraints may not be abolished, not only with perfect safety, but with incalculable advantage.”

One hundred and forty pages, in which the paragraph quoted from the second chapter of the book is rather repeated than elaborated, extend to Part IV, on “The Abolition of Mechanical Restraints at Hanwell.” This is mostly made up of extracts from the Hanwell reports, and contains little to interest our readers. The fifth chapter treats of the gradual abolition of restraints in English asylums subsequent to 1839. As a history of a gradual extension and improvement of both public and private provision for the insane, it may excite a just pride in all who have been connected with so great and so noble a work. As an account of the gradual acceptance of a theory of curative treatment, and its results, it is vitiated by the same palpable fault already noticed—of fixing upon the “old methods” all instances of abuse, and depicting the “new system” with every feature of progress and humanity.

The sixth part, on "The Progress of the New System on the Continent," is rather a confession that "the treatment of the insane without mechanical restraints has found little favor there," than an attempt at an explanation of the fact. Eight propositions are here stated, as comprising the objections of the Continental physicians to the system. The first two of these are to the effect that coercion must in some instances be resorted to. This has not been denied, we believe, by the advocates of Non-restraint. The third, fourth, sixth, and eighth appeal to the experience of those having charge of the insane as to the general effects of a qualified use of restraints. Why not allow the experience of each to shape his answer? We are not aware of any analogy from the usages of other professions, requiring members of our own to defer to a dictum or dogma in such a matter. The fifth and seventh propositions refer to the substitution of restraints for proper provision and care. The answers of Dr. Conolly to these are pertinent and conclusive. No objection to the system should have any force, if founded upon a supposed deficiency of this kind. We can hardly conceive, indeed, that these should be urged by Continental authorities.

What, then, is the Non-restraint system? The paragraph quoted from the thirty-fifth page comes nearest to a concise and complete definition that the book affords; but this has been sufficiently considered. It does not provide for the advantageous disuse of restraints in the treatment of every possible case of mental disease. This has been admitted by Dr. Conolly. That the moral effect of the use of restraints is not inconsistent with the most successful curative treatment, has been shown, and further statistics might readily be brought to confirm this fact. We have left to our readers the argument from the necessary connection of the abuse of restraints with their medical use, when predicated of institutions administered with the wise liberality of those with which they are acquainted. If in England it should have the weight that, from the prominence which is given it by Dr. Conolly, might be inferred, the true direction of reform is obviously toward the administration of asylums. The system is not Non-coercive, and the name has been abandoned. It is, of course, only technically Non-restraint; and the restraint of a bolted door is quite as much "mechanical" as that of a continued sleeve. As a theory of medical treatment, we conclude, then, it is not only a prohibitory dogma, and thus unscientific and unprofessional, but without basis in any

acknowledged indication for the cure of mental disease. As a movement to ameliorate the condition of the insane, it seems not to have been radical in its direction, and to have been urged without due regard for other points of reform, which were required to render its success permanent and complete.

L. A. T.

S U M M A R Y.

NEW INSTITUTIONS FOR THE INSANE.—We have received a copy of addresses, delivered on the occasion of laying the corner-stone of two new institutions for the insane. One of these is located at Northampton, Mass., and the other upon the grounds of the Pennsylvania Hospital for the Insane, intended for the exclusive accommodation of one sex. It is understood that the plans for these establishments will be prepared with a great deal of care, and we shall hope to present an extended notice of them, hereafter, when they are fully matured. The capacity of these institutions will permit accommodations for 250 patients, and will meet not only the urgent wants of an increasing class of sufferers, but the intelligent requirements of community in this respect. The former is being created under state patronage; the latter is the result, solely, of contributions from the benevolent citizens of Philadelphia, and vicinity.

BRIGHAM HALL.—This institution, under the medical supervision of Dr. Cook, and located at Canandaigua, has received patients during the past year to the limit of its capacity. An additional wing has been erected, capable of accommodating forty patients.

IOWA STATISTICS.—The Governor, in his annual message to the Legislature, reports the number of insane to be 120; idiots, 257; blind, 102; deaf and dumb, 371. During the last year, \$8000 was expended toward the erection of an asylum for the insane.



H. B. Hall

Albion Arch. Detroit

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HISTORY AND DESCRIPTION OF THE MICHIGAN ASYLUM FOR THE INSANE.*

THE discovery and settlement of Michigan date far back in the history of our country, and yet only half a century has passed since its constitution as a territory, and but twenty-two years since its admission into the Union as a separate and independent state. Though Detroit, its largest city, was founded as early as 1670, in 1810, one hundred and forty years afterward, the population of the entire state was only four thousand seven hundred and sixty-two. The occurrence of the last war with Great Britain, and the unsettled state of the country consequent thereon, so far interrupted immigration, that in the ten succeeding years the population was scarcely doubled. The growth of the state was thenceforward more rapid; the census returns showing a population in 1830 of 31,639, and in 1840 of 212,267.

The statistics of nativity, occupation, education, and other points more closely connected with the subject of this article are presented as follows, in the United States Census of 1850. In an entire population of 397,654, 341,596 were born in the United States, 54,703 were of foreign birth, and 1295 unknown. About one-half of those of foreign birth were originally from Great Britain. The male adult population of the state was 108,978, of whom 65,709 were farmers, about two thousand professional men, nearly four thousand were engaged in the different branches of mercantile pursuit, and about the same num-

* Third Report of the Trustees of the Michigan State Asylums for the Insane, and for the Deaf and Dumb, and Blind, for the years 1855 and 1856. Lansing, Mich., 1857.

ber are classed as laborers. Of the male adult population, eight thousand, about three-eighths of whom were of foreign birth, were found entirely destitute of education, and unable to read or write. At the date of the Report, June 1st, 1850, the whole number of paupers receiving support was four hundred and twenty-nine—two hundred and forty-eight of whom are of native and one hundred and eighty-one of foreign birth.

No special attempt seems to have been made to procure a full and reliable enumeration of the insane in the State of Michigan. The statistics presented, however, it is presumed, are as correct as those usually compiled under similar circumstances, and for purposes of comparison fully as reliable. In 1840 the number of insane and idiots, as presented in the United States Census, was but sixty-five, only seven of whom were supported at public charge. In the next decennial census the number reported was three hundred and twenty-six; and from the census and statistical returns made to the Department of State, in pursuance of an act of the Legislature, the whole number of insane and idiots, in May, 1854, was found to be four hundred and twenty-eight. The annexed table is a compilation of the foregoing data, and shows the ratio of insane and idiotic to the existing population.

Year.	Number of Insane.	Total Population.	Proportion of Insane and Idiots to the entire Population.
1840	65	212,267	1 to 3265
1850	326	397,654	1 to 1190
1854	428	509,374	1 to 1119

On account of the almost universally received idea that the term *idiocy* is applicable to all forms of mental imbecility, and the great difficulty usually experienced in instructing census marshals to make a proper distinction between idiots and the demented, no attempt was made, in compiling the statistical tables from the returns of the state census, to separate the one class from the other. With a view of presenting the matter more fully to the Legislature, and to arrive at the facts with greater minuteness than was exhibited in the returns of the census, the Board of Trustees of the Michigan Asylum for the Insane, during the past summer, instituted inquiries, by means of circulars, in every township of the state. Owing in part, perhaps, to the engrossing nature of the political questions before the people,

returns were received from only about one-third of the organized townships.

Comparing previous results with those deducible from the statistics thus obtained, the Board came to the conclusion that the number of insane in the state was not less than four hundred, three hundred and fifty of whom they consider proper subjects for immediate medical treatment. It was further ascertained that about one-half of this number were maintained by their friends at home, the remainder being county and town paupers. Of those supported in the poor-houses and other similar receptacles, the Board remark, "very few receive any medical treatment whatever, and are subject to influences which tend rather to confirm than to remove their disease, while the worst possible moral effect is produced upon all who are thus associated."

The subject of public provision for the insane of the State of Michigan was first introduced for legislative action in 1848. A joint resolution of the Senate and House of Representatives made it the duty of the assessors, in their annual assessment rolls, to report the number of insane, deaf and dumb, and blind in their respective townships. The laws of that session also established the Asylums, and appropriated eight sections of "Salt-Spring Lands" (5120 acres) for the erection of buildings. The government of the institutions was vested in a Board of Trustees, empowered to establish rules and regulations, appoint officers, and to report to the Legislature annually.

In 1849 the amount of lands appropriated was increased to fifteen sections (9600 acres), and the immediate selection of the land required. The proceeds of sale were to be passed to the credit of the "Asylum Fund;" and at this session it was also made the duty of the Board of Trustees to select suitable locations. At the next session of the Legislature ten additional sections of land were appropriated, making a total of sixteen thousand acres, also \$5000 from the General Fund, to be used by the Trustees in the construction of the Asylums, and in defraying other expenses.

In 1851, the Board reported to the Legislature that they had ascertained the number and wants, as far as possible, of the insane, deaf and dumb, and the blind, and recommended the immediate erection of institutions for their care and treatment. They found in the state between three and four hundred insane persons, some of whom were with their friends and relatives, but the greater number confined in county houses and jails. "The wants of this class being of pressing

necessity, particular attention was directed to the obtaining of information on the organization and construction of institutions for the insane, and communication had with several medical superintendents. As the result of their labors, they recommend the immediate erection of an institution capable of accommodating two hundred patients; to have attached not less than one hundred and sixty acres of land, located near some town or village; built substantially, and upon the general plan of the most perfect building in the country; to be warmed by steam or hot-water apparatus, and ventilated upon the most improved modern plan."

The citizens of Kalamazoo, in addition to the sum of \$1380, had donated for the site of the Asylum for the Insane ten acres of land in the central portion of the village. This, being unsuitable for the location of an institution, was disposed of, and one hundred and sixty acres purchased about one mile from the village.

The Legislature of 1853 made another appropriation from the General Fund of twenty thousand dollars, and appointed a second Board of Trustees, consisting of Sheldon McKnight, Bela Hubbard, Israel Kellogg, James B. Walker, and John Barber,* and made it their duty to adopt plans for the buildings, and advertise for proposals.

The first Board of Trustees had presented to the Legislature the plans of two of the most approved institutions for the insane in the United States, but without making any specific recommendation. With a view of obtaining the best information, and collecting data which should govern their action, the second Board deemed it necessary that one or more of their number should visit some of the eastern asylums. Accordingly, Mr. Kellogg, who had been appointed by the Board to superintend the erections at Kalamazoo, was deputed to visit some of the best eastern institutions, with such aid from Mr. Hubbard as he should deem important. In referring to this subject in their report to the Legislature of 1855, the Board remark: "Of existing institutions for the insane in the United States, that established at Trenton, New Jersey, a plan of which was submitted to the late Board, is probably best adapted, in its general features, to the wants of this state; but the present Board came to the conclusion that none of the existing institutions combine all the improvements which are important to be adopted. It further seemed to them advisable to secure the early appointment of

* Hon. John Barber and Col. McKnight retired from the Board, and were succeeded by Luther H. Trask, Esq., of Kalamazoo, and Zina Pitcher, M. D., of Detroit.

the Medical Superintendent, in order that the building might be erected so far under his supervision as to secure his approbation when completed. The frequent and expensive repairs of institutions erected without such supervision led them to look upon this as a matter of the greatest economy. Many of the asylums of the United States were erected according to plans furnished by architects only, or by trustees without practical medical experience, and when supposed to be finished have been found so ill-arranged and defective as to call for very large additional expenditures before the building could be used."

Acting upon these suggestions, the Board of Trustees, in January, 1854, appointed Dr. John P. Gray, then Acting-Superintendent of the New York State Lunatic Asylum, to the post of Superintendent. Dr. Gray agreed to devote as much of his time and attention to the buildings and fixtures as should be necessary. The plans which, under his valuable suggestions were adopted, were placed in the hands of A. H. Jordan, Esq., architect, Detroit, for the proper architectural details. As early as practicable in the following spring, the erection of the centre building was commenced, and proceeded with as energetically as possible until September, when the work was discontinued.

The Legislature of 1855 made an appropriation of sixty-seven thousand dollars to continue the construction of the institution, and as soon after as the weather would permit, the extreme transverse portion of the south wing was built and roofed, with a view of finishing it, together with the centre building, for immediate occupation. This course seemed very desirable, in order to meet the pressing demands of the state; but, upon consultation with several medical superintendents of eastern asylums, it was deemed impracticable, and the balance of its appropriation was expended in advancing the remaining portions of the south wing, the brick-work of which is now nearly completed, and about one-half already under cover.

In the following year Dr. Gray was appointed Medical Superintendent of the New York State Lunatic Asylum, and Dr. E. H. Van Deusen, first assistant physician at the same institution, was appointed to succeed him in the Michigan Asylum.

The last Report of the Board of Trustees contains the following description of the building, in detail, together with an engraving of the institution, and a lithographed plan of the principal story, which we are also enabled to present.

SITUATION.—The Michigan Asylum for the Insane is situated at Kalamazoo, upon the Michigan Central Railroad, one hundred and forty-three miles west of Detroit, and fifty-one miles south-west of the Capitol at Lansing. The location is probably as central and convenient as any that could have been chosen, having reference both to the present means of communication with the various parts of the State, and to any other routes of travel likely to be projected hereafter. The site selected for the building is upon an irregular eminence, about one mile from the village, and sufficiently elevated above the valley of the Kalamazoo river to secure an extended prospect, and yet is well sheltered and easy of access from the plain below. The location is in every respect healthful and desirable, and well adapted to the purposes and objects of an institution for the treatment of mental disease.

FARM.—The amount of land originally purchased for the use of the Asylum was one hundred and sixty acres, but, to secure a more desirable site for the buildings, an adjacent tract was subsequently added, making the whole amount of land in the possession of the institution one hundred and sixty-eight acres (167 76-100). Most of the land is finely timbered with the original growth of oak, hickory, and other trees, affording every facility which could be desired for beautifying the grounds. That in the rear of the building is broken, and falls, by a series of ravines covered with trees, about eighty feet to the valley below, through which flows a small but rapid stream of pure water. The buildings themselves will cover an area of one and one-third acres. It is designed to preserve about fifty acres in groves and woodland, with walks and drives, and the remainder will be devoted to ordinary agricultural purposes.

GENERAL PLAN.—The ground plans were furnished by Dr. John P. Gray, the accomplished Superintendent of the New York State Lunatic Asylum at Utica, under whose directions the work was commenced. It might here be remarked, that the principles laid down in a series of propositions relative to the construction and arrangement of Hospitals for the Insane, unanimously adopted by the "Association of Medical Superintendents of American Institutions for the Insane," have been fully carried out in the plans adopted by the Board. The form and internal arrangement of the institution will be readily understood by reference to the accompanying ground plan. The Asylum building proper, the main front of which has an easterly aspect, consists of a centre and six wings. The centre portion of the main

building is divided by the entrance hall into two nearly equal parts. That to the right contains, in front, the principal office of the institution, the apothecary shop, and an ante-room communicating by a private stairway with the Superintendent's apartments above; and in the rear the matron's room and ladies' reception room; while that to the left contains, in front, the public parlor and officers' dining-room, and immediately behind these the steward's office and men's reception room. The second floor is appropriated exclusively to the use of the Medical Superintendent. Upon the third floor are the apartments of the assistant physicians, steward, and matron. The basement contains the laboratory connected with the apothecary shop, and the officers' kitchen and store-rooms. Immediately behind the centre building is the chapel, and still further in the rear the engine and boiler-house. Extending from the centre building, toward the south for males and toward the north for females, are the several wards of the institution, nine on each side, including the infirmaries.

MATERIALS.—The material used in construction is brick, covered with Roman cement and sand, and finished to represent freestone. The window-caps, sills and brackets, belt-courses and capitals in front, are of white limestone from the Athens quarries, near Chicago. The division walls throughout are of brick. The Asylum is built upon a system of fire-proof construction, nearly all the floors being laid upon brick arches sprung from iron girders, which, beside providing against fire, give additional security to the building, and insure its durability.

ARCHITECTURE.—The plans selected by the Board of Trustees were placed in the hands of A. H. Jordan, architect, of Detroit, for the necessary elevations, details, &c. The style adopted is the Italian, it being the lightest, most cheerful, and least expensive for the effect required in such an extensive range of building.

REFERENCES TO THE PLATE.—A, public parlor; B, general office; C, matron's room; D, steward's office; E E, reception-rooms; F, officers' dining-room; G, apothecary shop; H, ante-room, communicating by a private stairway with the Superintendent's apartments above; I, steward's store-room; I I, matron's store-room; K, associated dormitories; L, attendants' rooms; M, day and recreation rooms; N, parlors; O, dining-rooms; U, chapel, having beneath it the kitchen and store-rooms. 1, boiler-house; 2, engine and fan rooms; 3, laundry; 4, drying-room; 5, ironing-room; 6, work-shops; 7 7 7, covered corridors.

APPROPRIATION OF WARDS.—The various wards in the institution are appropriated as follows :

Nos.	Classification.	No. of Wards.	Number of Beds.		Total of each sex and class.
			Single rooms.	Associated Dorm.	
1 and 2	Convalescent and quiet . . .	4	80	16	96
3 and 4	Less disturbed	4	56	32	88
5 and 6	More “	4	60	-----	60
7	Demented	2	20	-----	20
8	“ and infirm	2	12	-----	12
9	Acute cases, &c. (Infirmaries)	2	12	-----	12
Total		18	240	48	288

The divisions for the sexes are equal. Eight of these wards, inclusive of the infirmaries, are upon the first floor, six upon the second, and four upon the third floor of the transverse wings. It is considered that by means of these any desirable classification of patients may be readily carried out.

ARRANGEMENT OF WARDS.—Each ward has the usual arrangement of corridor, sleeping-rooms, day-rooms, and dining-room; with two stair-ways, a clothes-room, lavatory, bath-room, water-closet, soiled clothes-shaft, drying-shaft, and dust-flue to each. The corridors in the first, second, and third wings are respectively one hundred and fifty-five, one hundred and sixty, and seventy feet long; and in the third stories of the first and second transverse wings one hundred and nineteen, and thirty-four feet long. They are uniformly twelve feet wide, and, in common with all other rooms, sixteen feet in height upon the first and third floors, and fifteen upon the second. The dimensions of the single sleeping-rooms are eight and ten by eleven feet, with an average cubic capacity of fourteen hundred feet. The associate dormitories are fourteen by twenty-one feet, and the parlors, or recreation-rooms, eighteen by twenty. Lateral recesses, extending into the projecting towers in front, form additional day-rooms in the first and second wings, on either side. The dining-rooms are sufficiently capacious to accommodate the number for which they are intended, and are supplied with detached sinks, cupboards, and dumb waiters. The closets, bath-rooms, lavatories, and clothes-rooms open upon an adjacent, and not upon the main hall, giving a very desirable privacy. The bath and closet fixtures are of approved construction, and, to prevent all possible danger from leakage, the service-pipes are conveyed

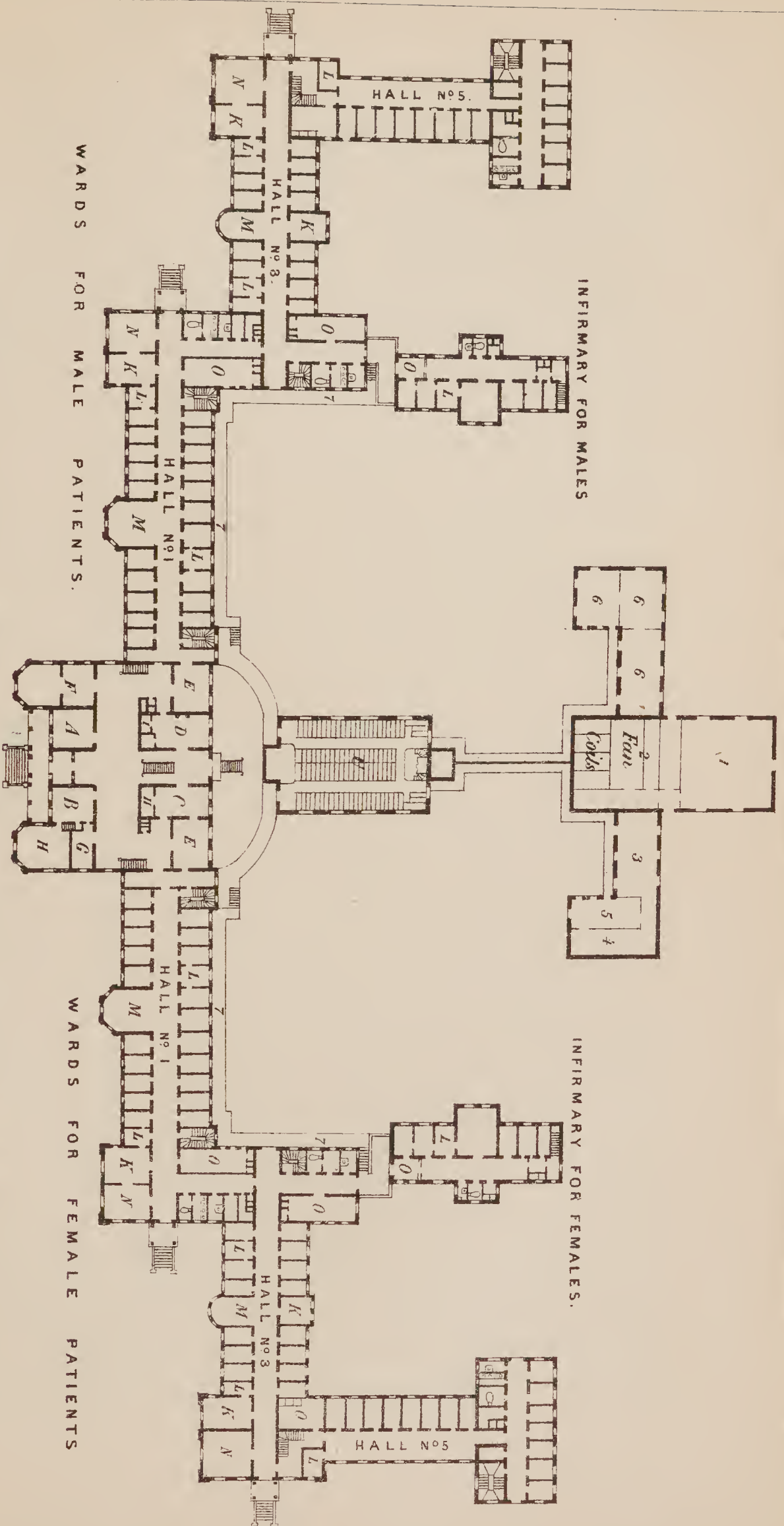
MICHIGAN ASYLUM FOR THE INSANE, KALAMAZOO.

WARDS FOR MALE PATIENTS.

WARDS FOR FEMALE PATIENTS.

INFIRMARY FOR MALES

INFIRMARY FOR FEMALES.



in a separate pipe-shaft—an arrangement which also facilitates and cheapens any repairs that may become necessary. Drying-shafts, having lattice-work floors, and communicating directly with the ventilating cupolas, furnish a ready means of drying mops, wet cloths, damp brooms, &c., and thus materially assist in promoting the cleanliness and healthfulness of the corridors. To prevent exposure, the bath-rooms and lavatories have communicating doors, in order that the latter may serve, on “bathing-days,” as dressing-rooms to the former.

INFIRMARIES.—In a detached building, in the rear of the first transverse wings, but connected with the wards by means of a covered corridor, an infirmary is provided for each sex. Fitted up with every convenience, they provide a very desirable place for the treatment of acute cases, of those who are seriously ill, or of any requiring special care and frequent medical attention. They can be reached at all hours of the night without disturbing any other portion of the house; they provide the means of isolation in case of the occurrence of any infectious or contagious diseases in the institution, and give to the friends of dying patients an opportunity of administering to them in their last moments.

WINDOWS.—The windows are fitted throughout with a cast-iron sash, the upper half of which alone is glazed. Posterior to the lower half, and immediately against it, is a wooden sash of corresponding size and shape, moving free, and suspended by a cord and weight; the former being attached to the bottom of the sash, and passing over a pulley near its top, is always entirely concealed. The panes of glass are six by nine inches in size. The windows, where deemed desirable, are protected by a shutter of framed wicker-work, sliding into the wall, and retained there, as also in its position, by one and the same lock.

FLOORING.—The floors in all uncarpeted rooms are formed of one and one-half inch oak plank, grooved and tongued, and none of them being more than three and one-half inches in width. The sleepers and the iron girders supporting the arches rest upon an offset in the wall, which, when finished, also forms the cornice in the room below.

PROVISION AGAINST FIRE.—The horrible sacrifice of human life on the occasion of the burning of an institution for the insane in one of the Eastern States, and the peculiar liability of these buildings to take fire, as shown by the frequent occurrence of such accidents, determined the Board of Trustees, although it would somewhat increase the price of construction, to make the Asylum fire-proof. The more recent partial destruction by fire of another institution has confirmed

the wisdom of this decision. The use of iron girders and brick arches as a support for the floors was consequently determined upon, and, to secure additional safety, all connection between the wings and the centre building is entirely cut off by the interposition of a verandah of iron and glass, with communication from one to the other only through fire-proof doors. The location of the heating apparatus and the kitchen in detached buildings renders the institution quite exempt from danger of destruction by fire.

CHAPEL.—A separate building immediately in the rear of the centre building, seventy by forty feet in size, contains upon its first floor a room for chapel purposes, capable of seating three hundred and eighty persons. It communicates with the different wards by means of covered corridors, is appropriately fitted up, properly warmed, and lighted with gas.

KITCHEN.—One central kitchen is intended to supply the whole institution. It is placed immediately beneath the chapel-room, with store-rooms near at hand, and communicates with the dumb-waiters of the different dining-rooms by means of a small car moving upon a covered railway. The building containing the chapel-room and kitchen is surmounted by a bell and clock tower.

WARMING AND VENTILATION.—It is now admitted as a principle, that the warming and ventilation of buildings corresponding in size and purpose with institutions for the insane should be effected by one and the same process; and also, that means should be adopted for expelling the foul air to the same extent and simultaneously with the admission of fresh. The fact is also established, and in many asylums has been confirmed by a costly experience, that the ordinary system of making the ventilation depend upon the spontaneous action of warm-air currents failed to give satisfactory results. A perfect and equable distribution of fresh air, either warm or cold, and the necessary rapidity in the discharge of foul air, under all circumstances and in all seasons, can be secured only by a system of *forced* ventilation. This is found to be most efficiently and economically effected by means of a fan driven by a steam engine—effectual, because at all times under perfect control; and economical, because the warm air is more thoroughly and rapidly distributed. The primary cost is not great; it is not liable to get out of order, and the motive power is that required for other purposes.

The system decided upon is a modification of that in use at the New York State Lunatic Asylum, the efficiency of which is shown by the

fact that in five similar institutions in other states it has since been adopted, in place of furnaces and other means of heating and ventilation already in operation. It consists of boilers, an engine, a fan, heating surface, and distributing-ducts and inlet-flues, with exit-flues, foul-air ducts, and ventilating cupolas. The boilers are four in number; these, with the engine and fan (the latter peculiar, from the circumstance of its delivering the air in the direction of its axis), and the heating surface, consisting of a series of wrought-iron pipes, are all in a separate and detached building. The air, after its delivery from the fan, passes directly forward beneath the chapel. The main duct conveying it gives off a small branch to the chapel, and another to the centre building. It then branches toward either wing, and another sub-division is made, one portion passing beneath the first longitudinal wing, and the other, entering the proximal end of the second wing, passes on to the end of the extreme wing. The air-passage beneath the building occupies the middle portion of the basement, or rather the space immediately beneath the floors of the corridors, and the distributing-flues pass up in the walls upon either side of them. Exit-flues are carried up in the same walls, taking their departure from two points, one near the ceiling, and the other near the floor of the rooms on either side. These again conjoin in the attics to form the foul-air ducts, and empty out into the open air through the ventilating cupolas. Downward currents of air, for the ventilation of the water-closets, will be secured through an arrangement of pipes terminating in the fire-boxes of the boilers. This very important department has been intrusted to Joseph Nason, Esq., of New York City.

LAUNDRY AND WORK-SHOPS.—The right wing of the engine and boiler-house contains the wash-room, drying and ironing rooms, and a similar wing upon the other side furnishes convenient rooms for the usual work-shops. A close partition running from the rear of the chapel to the engine-house, with a covered passage-way on either side, provides ready and protected access to the shops and ironing-rooms from the various wards in the house, and at the same time prevents all communication between the sexes.

WATER.—Water for drinking purposes is drawn from a well, while that for bathing and laundry purposes is forced up from a stream flowing in the valley immediately in the rear of the institution.

DRAINAGE AND SEWERAGE.—Cast-iron pipes will be used for connecting drainage in the rear of the wings, and will pass forward

beneath the building at a single point only on either side. The drains and branch sewers will unite in front and pour into the common sewer, which is of brick, egg-shaped, three feet high and two feet wide; this runs down the ravine in front of the institution, and empties into a depot for the collection of solid material.

ILLUMINATION.—It is now universally conceded that gas is the only proper material to be used in lighting asylums for the insane. To obviate the only objection to its manufacture upon the premises, the gas-house will be placed just below the depot referred to. The gas-main will be carried up to the institution in the sewer, attached to its upper arch.

The completeness of this description renders any further analysis of the internal arrangement of the institution quite unnecessary: to those familiar with the construction of asylums for the insane, a reference to the engraving and lithograph will supply any omission that may have occurred. The plans of the building, as given in the preceding sketch, have been submitted to and received the unqualified approval of many of the more experienced physicians in charge of similar institutions; and from those most capable of judging the Board have received the gratifying assurance that their efforts to combine in one the acknowledged excellences of several recently erected establishments, with such improvements as careful study and experienced assistance suggested, have not been unsuccessful. The concluding paragraphs of the Report of the Trustees, accompanying the above, contain a brief reference to some points connected with the discharge of their official duties which we deem worthy of notice.

Until actually engaged in their labors, those to whom a state has delegated the duty of providing an institution for its insane, can form but little idea of the extent of the field, and the magnitude of the work before them. Insanity, unlike almost every other form of affliction, does not raise itself into prominence before the public; the community almost involuntarily turns from its contemplation, and its attendant sorrows are far too distressing to be obtrusive. The extent of the disease is truly startling, and even public officers, the nature of whose duties we would expect to familiarize them with the subject, are scarcely prepared for the developments of carefully compiled statistics.

Its relation to the public in another connection has also been very

generally misapprehended. Concealed from observation in nearly all but the humblest walks of life, we have learned almost habitually to regard it as one of the circumstances, to say the least, of penury and want; but an intelligent investigation of the whole subject in a neighboring state has shown that it stands *third* on the list of CAUSES of pauperism! How important, then, for a state, with a view to economy only, to say nothing of higher motives, to make liberal provision for its early treatment and cure!

The most striking feature in the history of insanity is the great success which has attended the modern treatment of the disease, and later efforts to meliorate the condition of the insane as a class. Very little progress seems to have been made in this respect until the commencement of the present century; previous to which time the condition of the insane, and the neglect and cruelty to which they were subjected, fills one of the darkest pages in the history of human sorrow.

Soon after this period, with reference rather to the comfort and safety of the community, than to the wants and necessities of the lunatic, "mad-houses" and receptacles were erected—prisons in every respect save the name—with stone floors, dark cells, narrow grated doors and windows, into which they were thrust indiscriminately, and abandoned to utter helplessness and hopelessness. With these buildings and their brutal "keepers," with whips, chains, and manacles, was associated every thing that was terrible. Says one, in describing them, "there were no amusements, no cheerful occupation, no books, no animating change or variety of any kind, no scientific medical treatment, no religious consolation. No chapel bell assembled the patients for prayer, or suspended the fierce and dreadful thoughts and curses of the dungeon; no friendly face did good like a medicine." For reasons now very apparent, efforts to cure and relieve, under circumstances such as these, were altogether ineffectual; no connected and philanthropic system of medical and moral treatment could be carried out with any prospect of success.

A more enlightened public opinion, urged on and supported by science and humanity, has since wrought a thorough revolution. Liberally constructed and well appointed asylums are, one after another, springing into existence, and the results of treatment are becoming more and more successful. True, the same prosperity has not attended all. In a few, weighty obstacles—not, however, obscure in their nature, nor difficult of removal, seem to clog their operations; still the

annual reports of the asylums for the insane throughout the land, constituting as they do, year by year, the history of insanity, bear evidence of steady advancement.

To inform themselves, therefore, of those principles upon the recognition of which this progress was founded, became one of the earliest duties of the Board. The inconvenience, and almost impossibility, of wading through page after page of hundreds of annual reports and printed matter relating to the subject, was very apparent. The uselessness of traveling from institution to institution, finding something here worthy of imitation, and something there, when, in fact, the excellences might necessarily be peculiar to that locality, and of gathering these together to form a plan, was soon demonstrated. It was the wish of the Board to avoid multiplying mistakes, and repeating inconveniences, which some, from deep attachment to their institutions, and long association with them, had half learned to admire, and were inclined to recommend. Another, and what has proven the wiser course, was adopted—the early appointment of a physician, experienced in the specialty, to whose supervision the building, with all its details, might be intrusted. The frequent and expensive repairs of institutions erected without such supervision led them to look upon this as a matter of economy. Many of the asylums of the United States were built according to plans furnished by architects only, or by trustees, without practical medical experience, and when supposed to be finished, were found so ill arranged and defective as to call for large additional expenditures before they could be used.

It, is, therefore, with what the Board venture to consider a feeling of justifiable pride that they present it for the consideration of the Legislature and the State. And they would repeat their confident belief that no institution of the kind, in any country, more perfectly embraces, with economy of construction, all the necessary accommodations and conveniences which the experience of modern times has suggested.

The preceding sketch of the Michigan Asylum has been prepared in furtherance of the purpose of the publishers of the JOURNAL OF INSANITY, to present to its readers, as far as may be, descriptions and views of all new institutions for the insane. Since considerations of economy, to say nothing of the higher claims of humanity, have led to its recognition as a matter of policy, as well as a duty, on the part of Government, to make ample provision for its insane, the number of

state institutions has gradually increased. Every thing connected with an asylum for the care and treatment of the insane, from its location and the character of the scenery about it, down to the minutest architectural detail, performs an important part in the fulfillment of the great purposes of its construction, assists in the restoration of the curable, contributes to the welfare of the incurable, and promotes the comfort of all. Hence the importance of the general diffusion of all contributions to the general fund of information already accumulated in reference to their construction and arrangement, and, of course, the most serviceable are those suggested by the experience of practical men, to whom the erection of an institution has been intrusted.

In this relation the experience of the Trustees of the Michigan Asylum is instructive. The improvements they have introduced are numerous and important. Taking as a basis of action the principles embodied in the series of propositions adopted by the Association of Medical Superintendents of American Institutions for the Insane, they have added thereto such suggestions as received the approval of the best medical experience they could avail themselves of; and, as the result of their efforts, have presented to the Legislature of their state an institution admirably well adapted to its purposes, and replete with conveniences and improvements.

V.

OBSERVATIONS ON FUNCTIONAL AND ORGANIC DISEASES. BY S. ANNAN, M. D., SUPERINTENDENT OF WESTERN LUNATIC ASYLUM, KENTUCKY.

Read before the Association of Superintendents of Insane Hospitals, May, 1856.

PROFESSOR Walshe, of University College, London, in his Treatise on Diseases of the Lungs and Larynx, published in 1842, remarks, that "the existence of disease involves that of physical change, not only in the part originally and chiefly affected, but also in the structures immediately adjoining. There are a few apparent exceptions to this statement; but, admitting their reality, they are of such slight importance as scarcely to affect the general proposition."

In the *Asylum Journal* for 1854, Dr. John Charles Bucknill says: "It is quite time to get rid of the absurd division of diseases into or-

ganic and functional." In 1856, the same author observes: "We believe that organic local changes always exist, although they may have disappeared before examination, or their traces may be of too subtle and delicate a nature to be demonstrated."

The advance from the modest and rather doubting statement of 1842 to the bold and confident assertion of the latter period is very perceptible; and I think it important that this question should be finally decided, inasmuch as a great deal of our practice has been based upon the supposed difference between functional and organic diseases. The definitions which have been given of these terms, although they are of such common occurrence, appear to be extremely vague and inconsistent. Professor Dunglison, in his Dictionary, informs us that "organic diseases, or lesions, are such as concern the organ itself, in contradistinction to functional, rational, or dynamic, which merely concern the function." Now, in order to have a function, the organ must pre-exist, and the action of the organ may be either physiological or pathological—healthful or morbid. Whether it is the one or the other form of action which is present, the organ is unquestionably concerned. If the action of the organ is normal, there is health; if, on the other hand, it is abnormal, either from excess or deficiency, there is disease. There may be healthful functional action, or there may be disturbed function, which is disease; but, in both cases, it is the organ which is the seat of action.

Dr. John Conolly, in his article "Disease," in the *London Cyclopædia of Practical Medicine*, says, that "diseases, however various or complicated, or whatever are their terminations, admit of a division into two great primary classes; the first comprehending all disorders of function, the second all morbid products." The fatal objection to this division of diseases is, that all of the functional diseases of secreting or excreting organs are accompanied by morbid products. The skin, the mucous membranes, the liver, when their functional action is deranged, produce respectively morbid perspiration, mucus, and bile.

That the vital action of the different organs of the body may be increased or diminished, within certain limits, without symptoms of disease being manifested, would seem to be a reasonable supposition; but, as soon as a certain point is reached, which is undiscoverable, and doubtless varies in different individuals, there is morbid secretion, or irritation in parts which do not secrete. This is functional disease. That the capillary arteries are susceptible of both increased and diminished

action, is proved by the suffusion of the face in blushing, or by the redness or paleness of the same part in anger. The growth of tumors, also, shows augmented local action; and the instantaneous change in the secretion of the skin, as discovered by its becoming extremely offensive, occurring occasionally from mental emotion, demonstrates the facility with which the action of the capillary arteries may be disturbed. In this last instance it is not necessary to inquire whether the action is increased or diminished. There is a change, as shown by the altered secretion; and that altered vital action is the cause, is manifest. This is disordered function. Thus, also, violent and continued rage will cause an increased secretion of bile, and of a morbid quality. The same thing happens, from a similar cause, in the case of the vaginal secretion of the female. The parched mouth, and the augmented secretion of the kidneys, from mental emotion, are familiar examples of the same law of capillary action.

That the functional action of the nervous system may be increased or diminished, independently of the sanguiferous system, is equally certain. Mental emotion has instantly destroyed life; and the convulsions of hysteria are frequently brought on in the same manner. Augmented sensibility of the sentient extremities of the nerves of sensation, amounting to pain, is sometimes suddenly produced by disturbance of mind; and counteracting causes may as suddenly cause it to disappear. That the capillary arteries, in many cases, very soon respond to the disordered condition of the nerves, is well known; but this is not invariable. Morbid action of the nervous system may continue for a considerable time, and leave no trace of disease in the blood-vessels. This is seen in numerous instances of death from tetanus. In the most aggravated cases, where death occurs in a short time, no change can be discovered in the spinal cord; while, in the more protracted, there is turgescence of its blood-vessels and softening of its substance. Spasm of the muscles of respiration and of the heart is the immediate cause of death in the more rapid cases. The same state of things is observed in insanity from mental emotion, and where it is sympathetic, as from disease of the uterus. If death is not too long delayed, the condition of the encephalon is normal; while in cases of death from chronic mania, altered structure can be detected.

It will not do to tell us, as Dr. Bucknill does, that, inasmuch as all physiological action consists of changes of cells, there is "reason to believe" that all pathological action is a modification of the same cell

movement, both in the blood and solid tissues, and that this constitutes organic disease. On this view we have the term "organ," which, heretofore, has been applied to the liver, spleen, kidneys, &c., extended to the component cells of the body, and consequently morbid changes in them must be "essentially organic." Neither will it do to tell us, that "the traces of these changes may be of too subtile and delicate a nature to be demonstrated." "*De non apparentibus et non existentibus, eadem est ratio.*" We can have no certain knowledge but that which is derived from the evidence of our senses, and nothing but confusion can follow from these vain conjectures and idle hypotheses.

Admitting, however, that functional disease is altered cell action, as regards treatment, it is a matter of no consequence. The plain indication is to arrest this action, before it reaches the point of changing the structure of the solid tissues of the part affected. Thickening, attenuation, induration, and softening are the results of the long continuance of this functional action; and, when any of these appearances are exhibited, it has been customary to say that organic disease was present. No one will deny that the dictate of common sense is, "*Principiis obsta; sero medicina paratur, cum mala per longas convaluere moras.*" Meet the disorder in its outset. The medicine may be too late, when the disease has gained ground through delay.

Having shown the futility of endeavoring to eradicate the long-established phraseology, and division of diseases into functional and organic, a word should be said on a distinction which, we think, should be made between acute and chronic organic diseases. The true definition of organic disease is, change of structure of organs and tissues. Acute inflammation will produce change of structure, and, therefore, is a cause of organic disease; but, in its origin, progress, and results, it is very different from chronic inflammation. It is to changes brought about by this latter form of inflammation, thickening and induration, softening and attenuation, with or without deposits of fibrous, osseous, fatty, or tuberculous matter, that the phrase "organic disease" has usually been applied. I can, however, conceive of no good reason why it should not be extended to the effects of acute inflammation.

MENTAL AND PHYSICAL CHARACTERISTICS OF PAUPERISM.

EVERY government, ostensibly, desires for its citizens the highest mental and physical development of which they are susceptible. It owes a certain duty and obligation to every person within the sphere of its operations. What relation shall it hold to its unfortunate and dependent citizens ?

In the earlier history of the world vital sustenance was, doubtless, the great anxiety and burden of the life of man. For generations the aim of the human race was realized in the gratification of animal desires, and the procreation of the species. These the impulses implanted within man, together with his Divine inheritance of power over the brute creation, enabled him to accomplish. Directed by these strong instincts, his labor, however, ended with self-support. Whatever of destitution existed was in material of consumption, and, as the highest physical ability was essential to procure this, the degree of destitution was in proportion to man's disqualification in this respect. In this primitive state, man was not a producer, but a consumer. When, however, families began to aggregate into tribes and nations, he availed himself of the authority which physical power furnished. The proper direction of this authority, from time to time, began to involve more or less intelligent exertion, and mental power gradually came to occupy the ground where physical prowess had been accustomed to hold sway. As Christianity was to elevate man, so the higher and gentler qualities of his nature became dominant. Association of labor developed the economy of its division, and man, by his accumulating experience, directed it to the production of many articles beyond those intended for his own immediate consumption. The amount of production gradually increased until numbers of men, and, finally, nations came to be producers depending upon their distant neighbors for the material for consumption.

Positive production, or the production of articles not designed for immediate necessities, commenced simultaneously with mental devel-

opment; and, as the material for its exercise was abundant, it has been, from age to age, more and more stimulated. When men were only consumers, all were equally rich and equally destitute. As there could be no property till production commenced, there was, consequently, no pauperism. Poverty commenced with the world's general advancement, and, as civilization has approached a higher state, the tendency of pauperism has been to increase in a greater or less degree. Hence, many countries that exhibit the highest state of mental cultivation, present to us, also, examples of the greatest degradation, in that numbers of persons are found possessing the physical ability, yet destitute of the desire for self-support. Travelers speak of equal destitution in heathen countries, co-existing with mental darkness and physical deterioration, with the difference in the latter that their people retain the strong instincts of self-preservation.

Every community, rising from its primitive state, presents the strong contrast of high mental cultivation and social debasement; and we come to perceive and to expect independence to be the accompaniment of intellectual superiority, and dependence of physical infirmity and deterioration, or mental defect.

The nature of dependence is of a two-fold character—that which may be considered unavoidable, and that for which society and the individual are together responsible. The causes from whence arises the great amount of unavoidable poverty may be included under the visitation of idiocy, lunacy, blindness, lameness, sickness, decrepitude, deaf-mutism, and old age. Society does not question the obligations it owes to its citizens thus unfortunately circumstanced. They are afflicted by a providence beyond their control: in many instances possessing the intellectual and moral strength essential to independence, they are debarred from this by reason of their infirmity. It is not with reference to this class, therefore, that we have to do. Society is concerned in the investigation of the nature of that pauperism for which man is himself, to a great degree, responsible. It exists in connection, and is not incompatible, with high physical development, and in this respect differs materially from the destitution above mentioned. The large class of dependent persons here embraced are, equally with the former, destitute of worldly possessions; but the poverty of the former differs from the pauperism of the latter, still further, in that they are destitute of the desire for self-support or independence. The essential element of the condition of this class is in their mental

constitution; and an examination reveals this to be in the impairment of the moral and intellectual strength of the individual.

In surveying society at large, we find this character of pauperism confined principally to a single stratum. This exists throughout its entire extent, and is formed chiefly from the disintegration of the elements above. It outcrops, so to speak, at alms-houses and jails, and, unless looked after, may pass unrecognized. The characteristics of this class are, indifference to self and to physical comfort: desire for self-support is wanting: there is a lack of capacity for self-preservation, which is evinced in the low grade of vitality that exists, and in the circumstance that this class suffer largely during the prevalence of epidemics, from their inability to resist disease. The persons composing this class are unable to govern themselves, or direct their energies. They feel entirely indifferent to society, and seek to hold no relation to it, other than dependence upon it. Their tendency is downward and to deterioration. They go to the alms-houses during an inclement season, and again repeat the experiment on a slighter pretext, till, finally, becoming thoroughly demoralized, their permanent residence is an easy transition. Work is not sought after by them; it must come to them at home, pressing itself often upon them before they avail themselves of its benefits. A commercial crisis, involving the suspension of public improvements, an increased price, or scarcity of articles necessary for consumption, and the change of summer to winter, result alike in the development of this class, and in placing numbers of these persons at the public disposal. They possess but one quality in common with their more fortunate fellow-citizens, in that their appetite is as strong, their digestion as good, their muscle as vigorous, and their love of life as dear. There is one principle, only, uniformly influencing and animating them—the instinct of self-preservation.

We observe here the characteristics of a great class, with few desires and less enterprise. It is composed of individuals who are impressible by, and susceptible to, whatever influences surround them; and upon the nature of these circumstances depends, in a great degree, their relation to society. They are exposed, and fall easy victims to all the sources of what may be regarded avoidable pauperism; as intemperance, debauchery, idleness, and vagrancy.

These causes are constantly operative in furnishing material for alms-houses, magdalen asylums, houses of refuge, jails, and prisons. Though acting directly upon the individual under the operation of them, their

remote or secondary influence is equally, if not more, detrimental to the healthful constitution of society. Pauperism does not necessarily incapacitate for marriage, or impair the function of reproduction; and, consequently, there results a numerous offspring, whose after-relation to community will depend very much upon the earlier impressions they receive. Born of parents who recognize few social and moral obligations, it is not to be expected they will, growing up under such supervision, imbibe from them their true relation to society. They are born with low mental and often feeble physical organizations; they develop imperfectly: are insufficiently nourished: and are habituated to scenes of wretchedness in early life: consequently, at an early age they come under the disposal of the public authorities, as the children of intemperate, destitute, and vagrant parents; and, as they grow older, form the body of the great class denominated the indigent and destitute.

Allied intimately with this class is another, possessing reasonable intellectual strength and physical ability, but the distinguishing characteristic, of which is a deficient and impaired moral element. They resemble the persons composing the classes we have mentioned above, in their want of self-respect, their demoralization, their tendency to deterioration, disinclination to work, and to centre in large towns. While young they are beggars and petty thieves. Their criminal propensities increase with their growth. Their moral obliquities lead them to become ungovernable boys, depraved youths, and bad men. Society protects itself from their example and their encroachments, and, with the view, also, of improving their condition, disposes of them in the prisons, penitentiaries, and houses of correction.

The constitution of every civilized community presents, therefore, four social states—the independent and the three here considered—within one of which every citizen can be classified. The proper direction of all rests, however, upon the independent class. They are the law-makers, and possess the requisite intellectual and moral strength essential to superiority; and, whatever evils flow in this respect from errors of commission or omission, they alone are responsible. It is, therefore, with great interest that we have, from time to time, observed the inquiries by official authority, to ascertain the source of the great class of depending persons that exist in our own state, and the true relation that community should hold to them.

Under the statutes of the state, the superintendents and overseers of the poor, in the various counties, are directed to transmit yearly re-

turns to the Secretary of State, of the number of persons relieved, together with the name, age, sex, and nativity of each ; also the direct and indirect causes which can be ascertained to have been operative in producing the pauperism. It is also made the duty of sheriffs to transmit certain information relative to criminals. In each case the returns are made the subject of special annual reports by the Secretary to the Legislature. These reports are in a great degree arbitrary, and will not permit too close an inspection. Yet, in the absence of other data, they become the most valuable that are accessible for our purpose. These documents* permit of an approximate, general classification of the inhabitants of the state during the past year into independent and dependent. The latter number about 215,973, of which 11,812 were criminals ; leaving to be assigned to the independent class 3,250,421 persons. The dependent class is susceptible of still further subdivision, according to the alleged cause and nature of the dependence. In the following table are presented those causes of what we have chosen to consider unavoidable pauperism, together with the number assigned to each, and the relation it bears to the total amount.

Alleged Cause.	No.	Ratio.	Alleged Cause.	No.	Ratio.
Idiocy	408	.002	Decrepitude	1,020	.005
Lunacy . . .	2,449	.012	Old age	2,449	.012
Blindness . .	204	.001	Deaf and dumb	61	.0003
Lameness .	1,837	.009	Children having sick and destitute parents	13,678	.067
Sickness . .	16,945	.083	Orphans	1,020	.005
Total	21,843	.107	Total	18,228	.0893

The alleged causes here enumerated existed in 40,071 instances, which constituted but nineteen per cent., or a small proportion of the total pauperism of the year 1855. The larger proportion belongs to those alleged causes which we have regarded, in a great measure, avoidable. It is this amount which constitutes the real burden of pauperism, social and pecuniary. These causes are presented in the following table.

* Reports of Secretary of State relative to Statistics of the Poor, 1850 to 1856, inclusive.

Report of Secretary of State on the Criminal Statistics of the State of New York, 1856.

Alleged Cause.	Number.	Ratio.	Alleged Cause.	Number.	Ratio.
Intemperance	14,291	.070	Vagrancy . .	1,633	.008
Debauchery .	1,837	.009	Unascertained	3,828	.019
Idleness . . .	8,166	.040			
Total	24,294	.119	Total	5,461	.027

The dependence resulting, secondarily, from those causes enumerated in the second table demands a special classification, from the fact that they are fruitful *sources* of pauperism.

Alleged Cause.	No.	Ratio.	Alleged Cause.	No.	Ratio.
Children having intemperate parents . . .	11,841	.058	Debauchery of parents.	1,020	.005
Females having intemperate husbands . .	4,899	.024	Indigent and destitute .	116,575	.571
Total	16,740	.082	Total	117,595	.576

Hence it appears that in 163,090, instances the pauperism was induced by causes for which the individual, and, to a certain extent, society, were responsible. A comparison and an examination of the results of previous years shows, also, that the tendency of it has been, and at the present time is, to increase. For a period of twenty-five years following 1830, the numerical increase of population was 1,557,510, while at the same time the pauperism increased from 9,305, annually, to 104,161. During this same period the rapid growth of the country in wealth and in its productions has continued uninterrupted. This increase of the amount of pauperism has been so great, and so largely disproportioned to the population of the two periods contrasted, that a very natural inquiry was set on foot by the Legislature of 1856 into this whole subject. The inquiry took the form of a commission. The members of it, Hon. Mark Spencer, Hon. Geo. W. Bradford, Hon. M. Lindley Lee, were appointed from the Senate, which body originated the resolution creating the commission. They were required "to visit, after the adjournment of the Legislature, all charitable institutions supported or assisted by the state, and all city and county poor-houses, work-houses, and jails; to examine into the condition of the said establishments, their receipts and expenditures; their methods of

instruction; and the government, treatment, and management of the inmates; the conduct of the trustees, directors, and other officers of the same; and all other matters whatever pertaining to their usefulness and good government."

They commenced their duties in May, and were engaged in their personal examinations, according to the requirements of the resolution, with little interruption, five months. Their report,* embracing, with the appendix, 217 pages, was presented to the Legislature on the 9th of January. In consequence of the short time allotted the Committee, they could do but little more than present the subject intrusted to their charge. They visited, and report detailed statements of their examination into, eleven hospitals for the care of the sick, eight dispensaries, twenty-eight orphan asylums, four asylums for treatment of the insane, one institution for instruction of the idiotic, one asylum for deaf and dumb, and one institution for instruction of the blind. The several institutions here enumerated are intended for the improvement and relief (with a single exception) of all persons coming within the operation of the causes of pauperism designated in the first table presented above. With two exceptions, they have originated in individual enterprise, while the policy of the State toward them has been to patronize and assist. They are governed by boards of management, which are obliged to make annual statements of their affairs to the Legislature. In every instance these institutions accomplish the ends they seek to attain. Many kindred associations for charity, reform, and education, exist in the State, not receiving aid from it, and were not, therefore, objects for official visitation, yet they were examined "for purposes of information, and of comparison with other institutions of a kindred character which were the legitimate subjects of visitation. They are generally supported by private endowments and contributions, with occasional aid, perhaps, from the local authorities. Homes for the friendless, and industrial schools are of this class; charities devoted to the maintenance or training of vagrant and destitute children; to the care and protection of young females out of employment, or in reduced circumstances, as well as of aged or decrepit women. They deserve to be favorably regarded when the Legislature is considering any

* Report of Select Committee appointed to visit Charitable Institutions supported by the State, and all City and County Poor and Work-Houses and Jails of the State of New York. Transmitted to the Legislature, January 9th, 1857.

general and economical plan of charity or reform. Those, more particularly, which have for their object the support and training of destitute children, and their salvation from the evils of vagrancy, idle habits, and vicious examples, are worthy of attention and encouragement. The management of such charitable enterprises happens, fortunately, to be confided mainly to benevolent women, whose thrift, economy of expenditure, skill in management, and tenderness of feeling enable them to produce greater results with less means than is the usual fortune of the other sex. The public bounty bestowed on such institutions, under such management, goes farther, and is more certain of producing a more suitable return, than the usual application of it. It gives the Committee great pleasure to commend such charities to approval and support, as no insignificant part of the great scheme of benevolence and reformation which it is the duty of every good government to maintain."

Exclusive of the alms-houses of New York, and Kings counties, there are fifty-five poor-houses in the state, all of which were visited, and an individual account of them occupies seventy pages of the report. They are "described as badly constructed, ill-arranged, ill-warmed, and ill-ventilated. The rooms are crowded with inmates; and the air, particularly in the sleeping apartments, is very noxious, and to casual visitors almost insufferable. In some cases as many as forty-five inmates occupy a single dormitory, with low ceilings, and sleeping-boxes arranged in three tiers, one above another. Good health is incompatible with such arrangements; they make it an impossibility. The want of suitable hospital accommodations is severely felt in most of the poor-houses. The sick, considering their physical condition, are even worse cared for than the healthy. The arrangements for medical attendance are quite inadequate to secure that which is suitable; the physician is poorly paid, and consequently gives only such general attention as his remuneration seems to require. In some cases the inmates sicken and die without any medical attendance whatever. In one county alms-house, averaging 137 inmates, there were thirty-six deaths during the past year, and yet none of them from epidemic or contagious disease. Such a proportion of mortality indicates most inexcusable negligence."

Of the great evils associated with the poor-houses, the idleness that exists is specially mentioned. "Its effects are most visible in the winter season, when the houses are crowded, when there is little out-door

work to be done, and when the inmates are in the most vigorous state to do full work." The poor-houses receive lunatics and idiots. Their treatment is "frequently abusive. The cells and sheds where they are confined are wretched abodes, often wholly unprovided with bedding. In most cases female lunatics had none but male attendants. Instances were testified to of the *whipping* of male and female idiots and lunatics, and of confining the latter in loathsome cells, and binding them with chains. In one county, where eleven lunatics were confined, six were in chains; some of them were females. In several of these cases the patients were not violent; but it may be proper to say that the severity and inhumanity of their treatment were probably owing to the apprehensions and ignorance of the keepers, rather than to any intentional harshness or any unkindness of disposition. In some poor-houses, the Committee found lunatics, both male and female, in cells, in a state of nudity. The cells were intolerably offensive, littered with the long-accumulated filth of the occupants, and with straw reduced to chaff by long use as bedding, portions of which, mingled with the filth, adhered to the persons of the inmates, and formed the only covering they had."

"As receptacles for adult paupers the Committee do not hesitate to record their deliberate opinion that the great mass of the poor-houses which they have inspected are most disgraceful memorials of the public charity." The following tabular statement represents the number and condition of the inmates of the various alms-houses thus circumstanced at the time of the visit of the Committee:

Number of inmates of alms-house	7,619
Lunatics	2,332
Children under 16 years of age	3,225
Idiots	528

The report is equally explicit in its condemnation of the jails visited by the Committee. "Nearly all the jails in the state are insufficient to fulfill the purposes contemplated by law. No adequate provisions are usually made by the counties to enable the jailor, however well disposed, to discharge the duty which is clearly enough imposed on him by the statute." The difficulties that seem to be encountered arise from improperly-constructed buildings, preventing a proper classification of the sexes, and the separation of the young from the old. The confined limits, in many cases, render it impossible to separate criminals from witnesses. It is conclusively shown "that, in a very

large majority of our jails, prisoners cannot be confined long without serious injury to their health; cold and damp, many of the cells are below the surface of the surrounding grounds; with no means of ventilation, the inmates breathe the same foul atmosphere day after day, and are supplied, too often, with coarse and insufficient food, straw for a bed, no employment to help them pass their dreary hours, the old and hardened criminal associated with the juvenile offender, instructing him in all the tricks and vices of the most depraved. What wonder is it that he comes out of prison, not only a more hardened villain, but mad with all the world! He may feel he has done wrong in the commission of the crime for which he was imprisoned, but he still feels that he is a human being, and entitled to humane treatment. Instead of receiving this, his bodily sufferings have been such as to make him look upon every man he meets as his enemy, and he goes forth to commit further depredations upon society."

Having thus observed the nature and classification of pauperism and crime in our midst, the fact of its rapid increase, and the disposition made of it, there remains briefly to present such suggestions as these circumstances call forth.

To a certain extent disease is under the operation of uniform laws; and so, also, are those infirmities of blindness, deaf-mutism, decrepitude, and old age. These sources of pauperism being limited, the amount will bear a definite relation to the total population. It may, consequently, be anticipated with a reasonable degree of certainty, and provided for. The state should hold the same relationship to its citizens thus afflicted as the parent, in duty bound, sustains to his helpless children.

On the other hand, there are operative causes confined to no limited sphere; as, for instance, intemperance and debauchery, the evil influences of which are too general to be estimated by any rule. Toward arresting these social vices society may do much by remedying defective laws for their prevention. But laws will not do away, wholly, with the depravity of the human heart; and it will not do to rest content that their passage will arrest all its vicious manifestations. Where it exists it will develop itself in some one form, if not another. We are convinced that an examination into individual cases, and, also, of the majority of instances, will show that a sufficient amount of demoralization previously existed to account readily for the evils that followed, whether of intemperance or crime. Let us not, therefore, mistake these open and outward manifestations for the essential disease with

which we should contend. Let us observe a period in man's history when there was no poverty; and that dependence originated with mental development, and with positive production of material, and rather seek the source of the deterioration in the lesion of the moral and intellectual faculties. Society, realizing this, should concern itself in the prevention of the disease rather than in the passage of laws for its regulation. As a knowledge of the source of a malady will serve to point out the direction the remedies should take, so should it indicate what the nature of them should be.

It is not a matter of surprise, that a commission undertaking the first official inquiry of this nature set on foot in our state, should be unable to designate at once a remedy for the evils they have so vividly depicted. The general powers and requirements of the resolution creating it did not involve this necessity. Their report presents a comprehensive view, not only of the condition of the charitable institutions of the state, but also of the nature and condition of the dependence it falls within their province to alleviate. There appear to be institutions of two kinds—the one, asylums, hospitals, &c., aided and fostered by the state, the other, poor-houses, alms-houses, &c., maintained and directed, wholly, by the local authorities. The former, erected to subserve special ends, are filled with persons who are dependent, from their physical disqualification, and who, notwithstanding, exhibit, almost invariably, a disposition and desire to aid in their support, and to carry out the design of the institutions under whose auspices they may happen to be located. The latter seem to be under no central supervision, are subject to the influence of political change in their government, have no definite policy and experience to guide them, and their officers are usually not of the class to which their administration should be intrusted and the temptation to abuse their trust is not unfrequently yielded to.

To use the language of the Committee, the alms-houses exhibit “such a record of filth, nakedness, licentiousness, general bad morals, disregard of religion and the most common religious observances, as well as of gross neglect of the most ordinary comforts of life, as, if published in detail, would disgrace the state and shock humanity.” In these receptacles there exists, usually, no classification. The young and old, males and females, lunatics, idiots, the blind, deaf and dumb, the sick, the virtuous poor, and the intemperate and profligate, are associated together indiscriminately. During the past year, the total

number of paupers thus cared for was 49,992, at an expense of \$899,694.80.

It is evident the alms-houses are ineffectually accomplishing the end desired, as there appears to exist in connection with them demoralizing causes, quite as operative as any that can be found in our midst. Whatever remedy, under the circumstance, is proposed, should be such as can be adapted to the condition of all persons who, from misfortune, or, as occasionally happens, from choice, find their way to these houses. This adaptation should consist in special means for the improvement of their condition. The alms-houses should not only support, at an economical rate, their inmates, but should be equal to the reclamation of many from the mental degradation of pauperism. They should have associated with them work-houses, where every able-bodied person could find the compulsory opportunity of self-support, and not, as under the present system, be allowed to subvert the influence of those strong instincts implanted within him.

The duty of the county officials to the large number of dependent and destitute children under their control is too clear to be avoided. They are ever the available candidates for pauperism and crime, and all connection and association therewith should be at once broken up.

Two evils, which are entailing a constantly increasing burden, are apparent in the brief notice of the important subject here presented—first, *the ineffectual means taken to improve the mental and physical condition of the adult poor* ; second, *the utter inattention to the condition of children in poor-houses*. Though both are the results of palpable defects in our present system of poor-relief, we feel more concerned in the proper disposition of the latter. Confident that the great supply of pauperism comes from inattention to their early mental and physical training, the effort should be made to arrest the deterioration at its source. It is to be hoped that the community, now that the subject has been so fully presented to them in an official manner, will not rest content till their whole duty in this regard has been discharged.

HUGH MILLER: HIS SUICIDE.*

UPON the intimate acquaintance of the American public with the history and writings of Hugh Miller we need not particularly comment. He whom native intellect and energy of character have raised through humble birth, poverty, and mechanical labor to high scientific and literary fame, will not fail to command its sympathy and appreciation. Besides a republican interest in the man, and that which a nation of readers would be expected to feel in one so honored in the republic of letters, something is due the fact that the science with which his fame is especially connected is, in this country, a popular study, and has been greatly cultivated and developed.

The intelligence of the sad and untimely termination of a life so useful in its history and its results has renewed an interest which, in many respects, the biography of Hugh Miller in the book before us is well calculated to meet. Were it our purpose to make more than a few remarks from the same subject in the direction of our special field of inquiry, and which the sad manner of his decease seems to warrant, we should feel how little needed were any further notice, and how unlikely that we could add any thing of value in this connection. But there are lessons to be drawn from such a life which, from their nature, an autobiography could not do more than suggest, and which were too painful and special in their character for a memoir appended to a work so barely posthumous as "The Testimony of the Rocks."

It is a suggestive fact in literature, that, however novel and valuable the truths which the man of genius may demonstrate, and however engaging may be the manner in which they are presented, the general interest in science and letters is greatest regarding those facts most closely connected with the individual experience of the writer, and which give the clearest notion of his inner life. This popular preference for a knowledge of the man before that of the department of science which he may specially have cultivated, though often ignored by the historiographer, is a natural and just one. The scientific results of the labor of a single individual, when critically estimated, can seldom

* The Testimony of the Rocks. By Hugh Miller. Boston: Gould & Lincoln. 1857.

be large ; while the teachings of his belief, his motives, his aspirations, and his affiliations are wide-spread and permanent in their influence. These more valuable lessons from a life are commonly best taught by the well-informed and discreet biographer ; though the coincidence of a worthy subject and a fitting historian must be very rare. Often, and by the closer student of character, they may be most readily drawn from the autobiography.

In "The Old Red Sandstone," published in 1841, we had many pleasant glimpses of the history of its author, and in the "Footprints of the Creator," nearly ten years afterward, besides a biographical sketch, as a preface, other interesting personal reminiscences. Our readers will hardly need to be reminded of the publication, three years since, of the autobiography given as an account of "My Schools and Schoolmasters." The memoir accompanying his last work completes the history of Hugh Miller to its melancholy end, and thus the public is afforded sufficient and varied material for the estimation of the philosopher, the author, and the man.

In "My Schools and Schoolmasters," written when its author was fifty-two years of age, we have his view of the teaching of his life, and through it, perhaps, the clearest possible notion of that life itself. We shall gather from this work much of the material for what must be a brief sketch of Hugh Miller from a psychical and medical point of view.

It seems probable that it was not altogether an absurd vanity of pedigree that originated the custom of prefacing a biography with the family history of its subject. At any rate, the practice has not been generally considered as an obtrusion upon the public ; and now that the matter of hereditary influence in the mental and physical organization of man is receiving so much attention, it may well be excused. Since the development hypothesis, as applied to physical facts, has been so ably refuted by Mr. Miller, we shall certainly not connect the same fiction with the production of mind. Yet that there is a fixed connection, as well of the mental as of the physical organization, between the parent and offspring, short of the nature of a cause, cannot be doubted. In the parentage of Hugh Miller we seem to find support for the popular notion so often referred to, but which statistics have failed to sustain, of the usual preponderance of the maternal stock in the character of the son. The prominent characteristics of the two maternal uncles appear to have been combined in the nephew ; the retentive

memory, the love of romance and poetry of the one, with the large reflective faculty and deep religious feeling of the other. From the father, a “singularly robust and active man,” massively simple, yet not wanting in sagacity, through a line all sea-faring men since the Danish invasion, came the courage, hardihood, and, in part, the superstition of a Norse ancestry. The father was a giant, even among his brethren, and from him was transmitted that strength of physical organization which permitted in the son close mental application, at the same time with the most severe and exhausting bodily labor throughout a period of fifteen years.

Next let us observe the autobiographer, after fifty years of the most varied experience of study and toil, of travel, of adventure, and of fame, introducing minute recollections of his early childhood. Whatever may be said of the “less divinity” of memory as compared with the other faculties, and of its more immediate relations with the organ of mind, its perfection, more than that of any other, indicates the symmetrical and robust intellect. When in the manifestations of genius we notice that correctness and rapidity of conception, not the result of study, from which the ancient sages inferred metempsychosis, it seems, indeed, as though the sunlight of a former existence had prepared pictures upon the soul, which the lightest breath of occasion reproduced in this life as memories of a higher. Most interesting are these vivid and perfect remembrances of the third year of his age,—of the “master’s” visits and the gifts of wonderful toys and bright coppers, of the sloop with the “white stripes and square topsails” not only, but the more trifling incidents of daily life. Besides these, and curious not so much from their being remembered as that they were so¹ early indications of a strongly-marked idiosyncrasy, are the apparitions of the buccaneer ancestor, and of the dissevered hand. We quote the story of the latter and its comment. The father and his sloop perished in the storm.

“The fatal tempest, as it had prevailed chiefly on the eastern coasts of England and the south of Scotland, was represented in the north by but a few bleak, sullen days, in which, with little wind, a heavy ground-swell came rolling in coastwards from the east, and sent up its surf high against the precipices of the Northern Sutor. There were no forebodings in the master’s dwelling; for his Peterhead letter—a brief but hopeful missive—had been just received; and my mother was sitting, on the evening after, beside the household fire, plying the cheerful needle, when the house-door, which had been left unfastened, fell open, and I was dispatched from her side to

shut it. What follows must simply be regarded as the recollection, though a very vivid one, of a boy who had completed his fifth year only a month before. Day had not wholly disappeared, but it was fast posting on to night, and a gray haze spread a neutral tint of dimness over every more distant object, but left the nearer ones comparatively distinct, when I saw at the open door, within less than a yard of my breast, as plainly as I ever saw any thing, a dissevered hand and arm stretched toward me. Hand and arm were apparently those of a female; they bore a livid and sodden appearance; and directly fronting me, where the body ought to have been, there was only blank, transparent space, through which I could see the dim forms of the objects beyond. I was fearfully startled, and ran shrieking to my mother, telling what I had seen; and the house-girl, whom she next sent to shut the door, apparently affected by my terror, also returned frightened, and said that she too had seen the woman's hand; which, however, did not seem to be the case. And finally, my mother going to the door, saw nothing, though she appeared much impressed by the extremeness of my terror and the minuteness of my description. I communicate the story as it lies fixed in my memory, without attempting to explain it. The supposed apparition may have been merely a momentary affection of the eye, of the nature described by Sir Walter Scott in his 'Demonology,' and Sir David Brewster in his 'Natural Magic.' But if so, the affection was one of which I experienced no after-return; and its coincidence, in the case, with the probable time of my father's death, seems at least curious."

There, no doubt, belongs to this apparition an important meaning, which its reference simply to a momentary affection of the eye does not suggest. It is well known how largely the supernatural element enters into the philosophy of a rude, and especially a sea-faring people. The legends of the mermaid of the Dropping Cave, and the water-wraith of the Conon, with the hints of witches, ghosts, and "gude folk," contained in the book, go to prove that the Cromarty villagers were no exception to the general statement. When we think of the lonely, half-orphan child, precocious in memory, and in the dawning of an imagination which was to become a distinguishing feature of the man, and at last, under the stimulus of deranged function, fatally to prevail over a strong instinct and a high moral sense, such a morbid embodiment of fancy will not excite our wonder. In the case of a child the phenomenon would most likely be of the nature of an illusion, and as such might, perhaps, have been easily explained. The night, the loneliness of the situation, the atmospheric conditions attending the tempest, and the roar of the waves as they smote against the cliffs, were sufficient exciting causes of the apparition. We shall see that the peculiar mental disposition grew with the advancing years of the lad.

The subject of hallucinations is one that cannot attract too great attention, and within the past few years there has been much written upon it that is interesting and valuable. That visual hallucinations may occur under a normal condition of the perceptive and judging faculties, and hence are consistent with reason, is readily admitted. Not so, however, the proposition maintained, by high authorities, that a large class of these phenomena are purely physiological. We must consider that all hallucinations in which the phantasy has an objectivity—and those instances of prolonged visual impressions of which we are conscious on closing the eyes, after gazing intently upon a bright object, have not this character—all true hallucinations are symptomatic of deranged function or of organic disease, and are truly pathological in their nature. The phantoms of the child, born with a diseased organization, or reared in an atmosphere of superstition, the dreams of the disturbed sleeper, the ecstatic creations of lovers, poets, and illuminati, the fearful impressions of mania and delirium, the embodyings of rage, fear, and remorse, incubi from a disordered viscus, and *muscæ volitantes* from simple retinal disturbance, are essentially morbid manifestations. Against this view, which seems necessary to the practical treatment of the subject, it is mainly urged that the hallucinations of certain great men are inseparably connected with the important moral and scientific truths which they have developed. But a minute and complete history of the man generally affords, as in the unhappy instance under notice, the clearest evidences of their morbid nature.

The education of Hugh Miller is next to be considered. Admitting the term in its full and proper sense, it forms a topic upon which we might legitimately enlarge; for education is now, theoretically at least, divorced from mechanical forms, and is, or should be, the art corresponding to the science of psychology. The views of Mr. Miller as to the proper theory of acquiring and imparting scientific information have been given to the world in various forms. In the autobiography they are stated briefly in connection with his personal experience. We have often been moved to admire the sense not less than the modesty of the writer, in presenting his book as a shrewd substitute for a treatise on self-culture. Nothing could better have served the purpose of such a work. But self-culture is not all of education, and, as we observe in most men whose career resemble his, mental training is undervalued. At his graduation from the Cromarty school, at the age of fifteen, he possessed what our readers will best recognize as a common-school

education. In school, though known to be a lad of good parts, he had been careless and often truant. It is easy to see, indeed, that his studies were habitually neglected, and he at last left school in disgust at being required to memorize the first declension of the Latin noun. Up to this time his intellectual progress had been one purely of evolution. His reading, which had been extensive and indiscriminate, had answered the cravings of his literary appetite. The peculiar rocky formations of Cromarty had claimed an interest in his truant wanderings, and he had gathered many crude facts in mineralogy and geology. Nothing of self-culture is implied thus far, and nothing, in fact, is to be found. The reading of books and the observation of natural facts do not include the discipline which is necessary to common minds, for the assimilation of the one, or the generalization of the other, and to this time we cannot recommend the preferred schools of Hugh Miller.

At his leaving school, the disappointment of his relatives on that account, and his unsettled circumstances, gave him cause for reflection. Comparatively few lads have possessed a sense of the obligations to intellectual culture which life imposes, or even those which a mere selfish ambition assumes, previous to their fifteenth year. From the entering, soon afterward, upon his apprenticeship to his uncle, the stone-mason, to his leaving Cromarty for Edinburgh, as editor of the *Witness*, when he may be said to have completed the second period of his education, extended the period of self-culture. How bravely and nobly this was done the world knows. Of his hopes and aspirations we hear the first at this period.

“I, however, did look, even at this place, notwithstanding the antecedents of a sadly misspent boyhood, to something higher than mere amusement; and, daring to believe that literature, and, mayhap, natural science, were, after all, my proper vocations, I resolved that much of my leisure time should be given to careful observation, and the study of our best English authors.”

At the time of his apprenticeship, though in good health, active and hardy, he was still a mere growing lad, slim and loosely knit, and unused to severe labor. The first few months of his apprentice life told seriously upon his bodily health, and showed a correspondent effect in his mental condition.

“Though now seventeen, I was still seven inches short of my ultimate stature; and my frame, cast more at the time in the mould of my mother than in that of the robust sailor, whose ‘back,’ according to the description

of one of his comrades, 'no one had ever put to the ground,' was slim and loosely knit; and I used to suffer much from wandering pains in the joints, and an oppressive feeling about the chest, as if crushed by some great weight. I became subject, too, to frequent fits of extreme depression of spirits, which took almost the form of a walking-sleep—results, I believe, of excessive fatigue—and during which my absence of mind was so extreme, that I lacked the ability of protecting myself against accident, in cases the most simple and ordinary. Besides other injuries, I lost at different times during the first few months of my apprenticeship, when in these fits of partial somnambulism, no fewer than seven of my finger-nails. But as I gathered strength my spirits became more equable; and not until many years after, when my health failed for a time under over-exertion of another kind, had I any renewed experience of the fits of walking-sleep."

The fact of bodily fatigue inducing mental exhaustion, or the states of reverie and depression, is often noticed, though seldom to the extent above described. Occurring in a lad of seventeen, and especially as accompanied by paroxysms of melancholy, they certainly indicate a peculiar mental constitution. The partial somnambulism was, no doubt, more than simple reverie, and the mutilation spoken of not merely the result of accident while in that state. It was probably attended by hallucinations, and it was an affection marked by this feature of which he had no further experience for many years. Of the recurrence of the tendency to abstraction and gloominess we are told, as soon following the experiences noted above. Here physical derangement of quite another kind induces a mental state similar to that just described. He was now in the third and last season of his apprenticeship, and the particles of stone inhaled during his labor had considerably affected, through the lungs, his general health. He had become desponding, apprehensive of an early death, and his gloomy temperament, with the superstition of his nature and education, laid powerful hold of his mind.

"One day, when on the top of a tall building, part of which we were throwing down to supply us with materials for our work, I raised up a broad slab of red micaceous sandstone, thin as a roofing slate, and exceedingly fragile, and, holding it out at arm's length, dropped it over the wall. I had been worse than usual all that morning, and much depressed; and, ere the slab parted from my hand, I said—looking forward to but a few months of life—I shall break up like that sandstone slab, and perish as little known. But the sandstone slab did not break up; a sudden breeze blew it aslant as it fell; it cleared the rough heap of stones below, where I had anticipated it would have been shattered to fragments; and, lighting on its edge, stuck up-

right, like a miniature obelisk, in the soft green sward beyond. None of the philosophies or the logics would have sanctioned the inference which I immediately drew; but that curious chapter in the history of human belief which treats of signs and omens abounds in such postulates and such conclusions. I at once inferred that recovery awaited me; I was 'to live and not die,' and felt lighter, during the few weeks I afterwards toiled at this place, under the cheering influence of the conviction."

With the close of his apprenticeship came a change of labor and scene, and the health and spirits of the journeyman mason rose together. Throughout these three years of toil and exposure he had still retained his habits of reading, and observation in natural science. His changed condition brought a change of locality, and a greater independence, and these were used to further his progress in study. We note, too, that severe labor had not prevented his growth in muscle and stature, while his mental powers had rapidly developed.

The account of the two years of his labor as a journeyman, in the vicinity of Edinburgh, contains many passages which present his mental habitudes and general progress. Of these the episode of his acquaintance with "Mad Bell," a victim of paroxysmal mania, is curious as showing his ready appreciation of the maniacal state, and his sympathy with one of a class then the subjects of great ignorance and superstition. Of the recurrence of hallucinations referred to in a former extract, we are told fully in the last chapter of this portion of his history. He has given his impressions of the drama received at the Edinburgh theatre, which he occasionally visited.

"Fourteen years after, when the whole seemed to have passed out of memory, I was lying ill of small-pox, which, though a good deal modified, apparently, by the vaccination of a long anterior period, was accompanied by such a degree of fever, that for two days together one religious image continued to succeed another in the troubled sensorium, as scene succeeds scene in the box of an itinerant showman. As is not uncommon, however, in such cases, though ill enough to be haunted by the images, I was yet well enough to know that they were idle unrealities, the mere effects of indisposition; and even sufficiently collected to take an interest in watching them as they arose, and in striving to determine whether they were linked together by the ordinary associative ties. I found, however, that they were wholly independent of each other. Curious to know whether the will exerted any power over them, I set myself to try whether I could not conjure up a death's head as one of the series; but what rose instead was a cheerful parlor fire, bearing atop a tea-kettle; and as the picture faded and then vanished, it was succeeded by a gorgeous cataract, in which the white foam, at first strongly relieved

against the dark rock over which it fell, soon exhibited a deep tinge of sulphurous blue, and then came dashing down in one frightful sheet of blood. The great singularity of the vision served to freshen recollection, and I detected in the strange cataract every line and tint of the waterfall in the incantation scene in 'Der Freischutz,' which I had witnessed in the Theatre Royal of Edinburgh, with certainly no very particular interest, so long before. There are, I suspect, provinces in the philosophy of mind into which the metaphysicians have not yet entered. Of that accessible storehouse in which the memories of past events lie arranged and taped up they appear to know a good deal; but of a mysterious cabinet of daguerreotype pictures, of which, though fast locked up on ordinary occasions, disease sometimes flings the door ajar, they seem to know nothing."

Early in the spring of 1825, suffering again from disease of the lungs, contracted at his work, he turns his face toward Cromarty. Here, after a few months of convalescence, he enters upon a less laborious branch of his trade, and we learn nothing further from the autobiography of bodily or mental ailment. In quiet walks during his increased leisure, we are told how he and his old friend of the Doocot Cave take intellectual estimate of each other, after their five years' separation. For the past year or two, particularly, a change, common to all cultivated minds, but which must have been marked and vigorous in Hugh Miller, had been taking place. He had begun to gather within him, selecting and arranging, the large treasures of his reading and observation. Reflection and discussion varied more his devotion to books and nature; romance and poetry gave room for the study of educational and ecclesiastical subjects, and enlarged generalizing powers were rapidly developing the rich stores of a strongly perceptive and imaginative mind. About this time, also, his religious belief, hitherto greatly fluctuating, sometimes reduced to skepticism, became fixed in the orthodox direction of his Presbyterian ancestors.

The further history of what we have termed the second period of his education, embracing the remainder of his life as a stone-mason to his thirty-second year, and his five years' experience in banking, contains little to our present purpose. Married when thirty-four years of age, he had attained that compact, muscular frame, and appearance of exuberant health with which he has been generally represented. Through his poetic writings, his lighter efforts in prose, his ecclesiastical letters, and, finally, the essays in geological science, we trace a healthy and unvarying intellectual progress.

We have thus followed through a certain species, so to say, of the

facts of a life as presented in an autobiography. Twelve years had elapsed, at the period of their writing, since these had formed a part of the experience of him who collected and placed them on record. At that time the causes which had determined these peculiar facts, and which have since impelled the final catastrophe of that life, were distinctly to be traced in the deranged bodily health of Hugh Miller. What did they then suggest to him, as, in the proper order of their occurrence, and the plain sequence of their causes, they were transferred from memory to the written page? Can it be that the patient and acute vision which discovered fossil organisms in the Old Red Sandstone could have overlooked these facts of his own organization?—or, supposing that they engaged his attention, that he whose profound intellect has read the history of uncounted ages of our world from the hieroglyphics which the lowest types of creation have left us in their fossil traces, would have failed to discover their import? Unhappily, these questions can do no more than serve to indicate what we consider the proper direction of further remark in this connection.

The knowledge which the facts of consciousness, with those of our own and others' experience, give us of ourselves, and that which inspiration has given us of Divinity, is alone of the first importance. The grand perceptions of genius into natural phenomena, and its wonderful reading of intellectual truths, will not suffice for the guidance of man. Unsatisfied with inspired teachings, the imagination of man reaches so far beyond its proper limit that it loses the power of estimating or regulating its flight, and is found groveling in gross error, or is lost in negation. Self-knowledge, as generally understood, is too obviously of the first necessity; but equally important with that knowledge which we gain of our mental and moral states by introspection and reflection, is that physiological knowledge which we may have of our powers and tendencies, acquired or transmitted, of our health and debility, our weakness and strength. It may be seen, in the general direction of our notice to the parentage, the organization and development of Hugh Miller, rather than to the circumstances of his later life, that we are not about to close with a homily upon the danger of overtasking the organ of mind. So little of the nature of its connection with the immaterial principle is understood, and so many unknown quantities enter into the estimate of its capacity, that we dare not venture such an attempt. And, too, very many apparent exceptions to the evil consequences of its extreme taxation are readily found. There may be no

doubt, for example, that he whom we are now considering was competent to thrice the amount of mental labor, estimated in its intensity and results, that he actually performed within any moderately prolonged period. It is certain that greatly larger results have, in thousands of instances, been attained under similar appreciable conditions. We cannot, then, calculate, even approximately, to what extent of intensity, duration, or production the mental processes may be safely carried, in general, or in any particular case. What, then, must be our guide to the amount of intellectual labor consistent with the preservation of mental health? It is in the physiological relations of the brain to the entire systemic economy that this is to be sought. A condition of bodily health, with comparatively rare exceptions, must include a normal intellectual state. So long as our visceral and muscular functions are preserved in their efficiency, but little is to be feared from too great mental activity. This is the most simple and practical indication in the use of the mental powers, and the plainest test of the effects of intellectual exertion.

While writing this we are bound to confess that the great increase of mental and nervous diseases in these latter ages of the world has not seemed to us a matter of serious alarm. The duty which man owes to himself and to society accords precisely with that which is due his Creator, and his eternal destiny. We are under no obligation so to preserve our mental or bodily powers that we may perish of senility or atrophy, and it is neither to be wondered at nor lamented that even those who have paid the proper attention to their physical and intellectual health, should begin first to "die at the top." This should be the consequence of a life in which the affective and rational preponderate over the animal and instinctive. Some writers have been loth to admit the well-ascertained fact that with the high civilization attained in Europe and America, there has been this changed character of disease; and others, admitting the truth, have questioned the value of the attainment. It is known that the ratio of deaths to that of births must have been nearly the same in a given population, and within a given period of a barbarous age, as now; and we can see nothing to wish for in the manner of those deaths. The unchecked pestilence, the fearful havoc of war, and the active bodily disease consequent upon ignorance and exposure seem, certainly, less worthy the fate of a rational creature than the mental maladies of the present day.

But if, generally, we should turn from speculating upon the functional capacity of the brain and take evidence of its condition from that of the general system, the study of cases of great intellectual endowment in which there are often marked idiosyncrasies best illustrates this advantage. On nearly every page of this notice we have recognized the several developments of a distinct mental trait in connection with illusions of a special sense. The proximate causes of these are seen to have varied with each occasion, while the phenomena were nearly the same. Their immediate source in physical derangement, and their connection with the state of reverie, are worthy of remark.

Most efficient in producing morbid mental phenomena, next to bodily disorder engendered by reckless inattention to the organic functions, is the exercise of abstract thought; of which an old writer says that it "dries the brain and extinguishes natural heat." For the latter half of the second period of Hugh Miller's education, when his bodily health had become robust, and when his mental labor was little more than the reproduction of his reading and observation, we have no account of hallucinations. When, however, the character of his writings passes from that of descriptive and legendary tales to the generalizations of his later geological works, we find a continually enlarging development in the direction of his peculiar infirmity. That the abstraction of genius, so prolific of the grandest truths, should have so much in common with the reverie of mental exhaustion and depravation, is a curious and humiliating fact.

Having thus far referred, in these remarks suggested by the suicide of Hugh Miller, to what will probably be thought its true explanation, in the peculiar mental constitution and early history of that great man, we have nearly done. The growing manifestations of mental disturbance which followed the total neglect of regimen, exercise, and sleep, and his unintermitting abstraction and deep thought, were such as characterized his former experience. They took the form of suspicions and apprehensions, which, at first connected with enemies from without, and with hallucinations of the senses, grew rapidly more intense as the inducing causes were continued, until they came in paroxysms of maniacal terror with the vague and dreadful visions of nightmare. There were also the somnambulism, and the sense of extreme exhaustion which attended the attacks of his youth. But we will not dwell upon the particulars of the fatal termination. With these our readers are already acquainted. The immediate history of the event, connected

with one of so clear an intellect, so conservative religious belief, and such unstained character, has been studied with a mournful and rational interest. If such an one be not safe from a calamity so terrible, how great reason to fear have those of a feebler intellect, of stronger passions, of vacillating belief, and unfortunate lives. It is in behalf of this interest that we have traced, beyond the facts which give rise to these suggestions, the causes of the suicide in the mental organization of the man. Let us proceed from this view to notice particularly the character of the act.

Psychological science at the present day, returning from the material tendency which it had acquired through the German philosophies, refers largely to moral causes in its interpretation of suicide. In no other way can its history, as presented under the civilizations before the Christian era, and since among the Asiatic communities, be made consistent with its evident, present relations to science and religion. Nothing can be clearer than that the great mass of suicides noticed in ancient history were connected with the philosophies and false religion of their time; and it can hardly be doubted, that as these had their birth in a moral darkness, so, to a fearful extent, do those of our own age have their source in a moral depravation.

Yet, the common sense of mankind in all ages has recognized the suicide of disease, and has made the divisions of the suicide of sanity and the suicide of insanity. In the light of modern science we may view the former as rational, and as passionate; the latter as the determined, and the impulsive. The ancient civilizations afford us numerous instances of the rational suicide. Viewed in the imperfect moral light of their age, some of these illustrate the noblest virtues of the human character. This class can scarcely be admitted where the Christian religion, even in its most corrupted forms, has extended. Its inspired teachings have created a moral sense averse to self-murder, as universal as the instinct of self-preservation, and as powerful as that which forbids homicide. A depraved morality is now, without question, the most prolific source of suicide in the civilized world. Ours is the age of the passions, and the question of suicide of this class has become of alarming magnitude and importance. But this is the province of the moralist and the divine.

What we have called the determined suicide of the insane is connected with chronic mental disease, usually lypemania, and the disposition to it is a symptom which claims for its unfortunate subject the most

special and discriminating treatment. Some rare and not well-understood cases have led to the admission of a suicidal monomania. But it is in maniacal suicide, and its connection with functional derangement and structural disease, that we find matter of especial interest and importance. It is of the deepest interest, because the subjects of the fatal disposition are so often those whose genius and virtues claim the admiration and homage of their fellow-men,—of the first importance, because the errors that induce the transient insanity which belongs to it tend, in a thousand other directions, to death, and because it seems so possible in a great degree to effect their prevention.

There has been no hesitation, on the part of the public, as to the nature of the act by which Hugh Miller has been lost to the world. That it was done under the most overpowering and terrible maniacal delusions perhaps no one has doubted. A general knowledge of the man and the circumstances of the fatality have sufficed already for this conclusion. What we have found in the history of an early developed idiosyncrasy and its prominence through a long period, in his education, in his changed mental and bodily habits, and in the symptoms which preceded the final paroxysm, may perhaps serve to strengthen the grounds of that judgment. We shall at least be satisfied from the fact that any inquiry into such a subject must aid to enforce the important moral with which it is charged. Here was one in whom no morbid cravings for the unknowable swayed a humble belief in the sufficiency of revealed truth to meet the moral wants of our race, while his noble intellect permitted the largest conceptions of Deity in his works as Creator and Governor of the universe. And still, one who, while extending the science of the world's creation thousands of years into the past, and rearing it in bulwarks about the infinitely important domain of his religious belief, yet left unstudied the immediate and underlying truths of his own mental organization, and that complex and delicate machinery, through which the spiritual essence must elaborate all that we can know of life, to derangement and a terrible dissolution.

BIOGRAPHICAL.

MOSES SHEPPARD, AND THE SHEPPARD ASYLUM.

THE recent announcement of a bequest, amounting in value to about \$600,000, for the purpose of founding and maintaining an Asylum for the Insane, to be located at, or near, Baltimore, Maryland, has naturally excited a desire to know something of the history of the man who has thus, by the last act of his life, so munificently endowed an institution intended solely for the benefit of those unfortunate beings whose intellects are weakened or destroyed. Unobtrusively moving through the course of a long life, quietly pursuing that retired life he loved so well, it is not until death has removed the screen which he had drawn around himself and his acts, that the world at large has learned to know that such a man had lived, and what was the capacious design which was his cherished object. When the public gaze was admitted to a knowledge of the disposition of an estate, which many years of active business life and prudent economy had gathered together, then it discovered the fact that an individual had lived among us, not for himself, but for those who, of all God's afflicted creatures, are most deserving of sympathy and protection; then it was that the world asked of his name, his race, his habits, and his designs; and to answer these questions is the object of this notice.

That man was MOSES SHEPPARD; and it is a singular fact that the most diligent inquiry has failed to indicate the place or the exact date of his birth. Whether he knew of them himself is doubtful; but it is certain that, if he did, he has not communicated them to his most intimate personal friends. The nearest approximation to the date of his birth is that he was born about six months before the destruction of tea, in Boston harbor. This event happened in December, 1773, hence he was in the 84th year of his age when he died, on the 1st of February, 1857.

He has said the earliest recollection of himself was "on an earthen floor, in a log cabin, near Baltimore;" but this fact does not point out the place of his nativity, nor is it to be taken as an index of the social

position of his parents at the time of and previous to his birth. His immediate progenitors were residents of Montgomery county, Pennsylvania, and were said to have begun life with as good prospects for comfort, if not wealth, as most of those by whom they were surrounded; and, at the beginning of the trouble which ushered in the trying times of the Revolution, were possessed of lands and other property that raised them far above penury. An unfortunate, though honest, attachment to the cause of the British king is said to have been the reason of his father leaving Pennsylvania and seeking a refuge, as it were, in the more congenial, because more loyal, colony of Nova Scotia. This event, it is probable, occurred after the birth of the subject of this memoir; as it is said that, in consequence of his adherence to the royal cause, his father's lands were lost, either by confiscation or abandonment; and it is not likely that loyalty to George the Third would have produced such an effect in any of the colonies before 1773. Hence it is inferred that he was born in Pennsylvania, and that in very early life he was taken by his parents to Nova Scotia. How long they remained there is uncertain, as well as the time when they came, in poverty and sorrow, to Maryland; but it is probable that only a very short time was spent in Nova Scotia, as it was after their arrival in Maryland that he dates his recollection of the log cabin with its earthen floor. His parents died when he was quite young, and found their graves in the Friends' burying-ground, East Fayette St., Baltimore.

The next point in his career fixes him as an orphan boy in the store then kept at Jericho Mills, at that time owned and worked by the late Jesse Tyson. These mills were situated on the Little Falls of Gunpowder, about seventeen miles from the city of Baltimore. From thence he came to the city, in 1793, and engaged with the late John Mitchell, who kept a grocery and provision store on Cheapside; and, as years passed by, the poor orphan became, first, the confidential assistant, then the partner, and finally the sole proprietor of a flourishing business. For many years he pursued this course of life, and, after retiring from it, he established a small manufactory of cotton seine-twine, which he continued for several years after it had become comparatively much less profitable than it was at first, in consequence of the improved machinery used by others in manufacturing the same article. His reason for continuing an unprofitable business was the benevolent one that he expressed to some of his friends, that, if he dis-

continued this business, many old women whom he employed in the various branches of the manufacture would be thrown out of employ, and be thereby rendered dependent on charity. A walk with him on New-Year's days was among these old women, and when, the next day, the glazier called to repair all the old window-glass, or a load of wood was dropped at their doors, they had reason to bless the hand that helped, without seeking fame for the action.

Moses Sheppard never married. For many years he resided with a brother, after whose death, and on the death of whose wife and both of their children, the subject of this notice became indeed a lone man among his fellows. There were many with whom he mingled in friendly intercourse, but his social life was such as may be easily imagined under the circumstances of his position. Practicing those habits of economy which early and rigid necessity rendered imperative, and which time ripened and strengthened, and exercising a sound and judicious discretion in his investments, his fortune rapidly accumulated until it reached the handsome sum of about \$600,000; and this, too, notwithstanding the fact that he "gave away and lost more money," to use his own expression, "than he ever expected to be possessed of."

As might be expected, under the circumstances of his early life, his school education was of the most limited character; but, being possessed of extraordinary vigor of intellect, and with powers of mind capable of grasping the most subtile and profound questions which human thought may reach, he developed a mental capacity which few men have possessed. This ability was neither perverted nor neglected, and if the public shall ever see such a collection of his letters and manuscripts as may be gathered together, it may then appreciate the power and capacity of his mind. He collected a small library, containing many standard and some rare old works, a glance over which would show the habits of thought of their possessor.

Eschewing mere speculative theories on subjects of secondary importance, and rejecting fiction as he would poison, his books were on subjects of history mainly, and only by the best authors. His style of writing was terse and forcible, expressing himself with remarkable clearness and precision, and with the use of exceedingly few words. So far did he carry this economy of words, that many of his letters do not contain the usual forms of "*dear friend*" at the commencement, or of "*yours truly*" at the close; if they did, he meant those words

to convey exactly what they implied, and were never used as mere compliments.

In conversation he had the habit of enunciating aphorisms, or propositions, that would startle his hearers with their novelty and boldness; and which would, not unfrequently, carry with them the authority and demand the respect of axioms not to be doubted or controverted; or which would contain a problem that wore on its face so abstruse a character that few would care to undertake its solution. As a curious and striking instance of his habit and turn of thought, it is related of him that, only two weeks before his death, after he had been for months confined to his chamber, and was physically reduced to almost child-like helplessness, he requested to be furnished with pen and paper, that he might try the experiment of writing, as he doubted whether eye or hand would yet enable him to see or guide the pen. These materials being furnished, he ruled three distinct lines with a pencil, remarking that he could not distinguish the faint lines of the sheet, and, with a hand emaciated by disease and tremulous with its feebleness, he wrote—not his name, or a trite proverb, as most persons would have done under similar circumstances, but the metaphysical proposition contained in these words—“*The law of progression is probably a law of nature, of slow development.*” He dropped the pen and remarked to an attendant, “I could add more, but it is now too late.” He never had pen or pencil in hand afterward.

His religious sentiments were in accordance with those of the Society of Friends, of which he had been a consistent member all his life, having been, in accordance with their rules, a member by birth. His attendance on their religious meetings was constant, and continued until about nine months before his decease, when age and infirmity forbade him from leaving his house, except to ride a short distance. This adherence to his religious sect, however, carried with it neither an intolerant or bigoted spirit, while his acquaintance with some of the most noted early theologians was both extensive and critical.

He ever manifested a warm interest in the colored people, which was not confined to those immediately around him, but grasped the whole race, whose history and destiny were to him subjects of deep concern. An early friend to the Colonization cause, he viewed its objects and prospects as matters of deeper interest than as mere passing intentions or events, but as containing the future means of solving the problem as to the capacities and destiny of the race.

As an evidence of the appreciation in which he was held by the colonists of Liberia, it may be mentioned that one of the most prominent of them had a fine schooner lately built in Baltimore, and that vessel, now under Liberian colors, hails as the "*Moses Sheppard, of Monrovia!*"

In personal appearance the subject of this notice was remarkable. Of medium height, and proportionately robust, until age and disease had reduced his flesh, and with features cast in a massive mould, particularly the nose and ears, while the eyes were small, gray, and twinkling, set under a heavy brow, he was a man who, once seen, could never afterwards be mistaken for another. As he used to pass about the streets, he was just such an individual as the passer-by would turn and look at, and would, perhaps, instinctively think there was something out of the common order about him; yet there was nothing in appearance, dress, or demeanor that was *outré*, or singular.

At what period of his life he first conceived the idea of concentrating his fortune in the establishment of an asylum for the insane we are not advised; but the completeness of the object is sufficient to give an individuality to his memory, as connected with this branch of benevolence, that perhaps no other disposition might have yielded; though it is doubtful if the full appreciation of its useful and much-needed objects will be had by the public, until time shall have demonstrated the benefits it is so well calculated to give. A more immediate and dazzling reputation could have been gained by other directions to the bequest; but it is in entire harmony with the life of the testator to direct his benevolence where good would follow, rather than fame or notoriety.

The terms of the bequest, as expressed in the will, and guarded by the charter of the corporation, are brief and complete; untrammelled by conditions or restrictions, the estate is given, unshackled, into the keeping of "*The Trustees of the Sheppard Asylum,*" relying on their prudence and discretion, yet holding them to a strict and frequent accountability to the authorities of the State of Maryland, and providing remedies for remissness or perverted action. The views and designs of the testator are stated in general terms, sufficient to indicate them clearly, but not binding the Trustees by detailed instructions which might, hereafter, prove to be impolitic or impracticable. Privately, to his friends he gave more fully his own views in regard to the arrangement and government of the Asylum, in the shape of suggestions. From this source we gather that his design was to found an

institution that should combine every feature that science and experience might indicate as requisite or desirable to minister the greatest possible advantage to the patients, who were to be provided for, so far as the fund would allow, without regard to expense. He expressed the wish that the experiment might be tried, to ascertain how much good would result from an unlimited amount of attention to every thing that could possibly alleviate the condition of the insane; and with that design he suggested the propriety of confining the establishment to a moderate size, rather than extending it beyond the limits which prudence would dictate, keeping in view the fact that possibly its inmates would yield, perhaps, but a small income compared with the expense of their maintenance. He deprecated the idea of expending in buildings and equipments a sum disproportionate to the proper support which the Asylum would require for its liberal, if not comparatively expensive manner of management. When speaking of the proposed edifice, he rejected the merely ornamental, and desired that every thing should be tested by the standard of its usefulness.

The charter, obtained during the lifetime of the testator, giving corporate rights to the Trustees, with power of perpetual succession, provides that the number of the Trustees shall not be less than five, nor more than seven. The present Board consists of the following-named gentlemen—viz., John Saurin Norris, President; David M. Perine, Richard H. Townsend, Dr. William Riley, G. H. Reese, and Gerard T. Hopkins.

As yet it has not transpired that the Trustees have taken any steps toward putting into effect the object of the bequest, further than organizing the Board, and making such preliminary arrangements as may be requisite in the premises. By availing themselves of all the improvements which late years have introduced into the construction and management of similar establishments, and starting in their enterprise where others have left off, they will have it in their power to produce an asylum that will be equal in the perfectness of its design and organization to any that now exist.

J. S. N.

ON THE USE OF CHLOROFORM IN THE TREATMENT
OF PUERPERAL INSANITY. BY A. T. H. WATERS, FORMER-
LY MEDICAL ATTENDANT TO THE LIVERPOOL LUNATIC ASYLUM.

IN a paper I recently read before the members of the Medical Society of Liverpool, I drew their attention to the great benefit to be derived from the use of anæsthetics in the treatment of certain forms of puerperal mania. In consequence of the favorable opinions that have been expressed with reference to the paper, and as I believe the subject considered in it one of much importance, I have been induced to revise the paper, and give it its present form.

The administration of chloroform in cases of mania is a subject that has already been under inquiry by those engaged in the treatment of insanity; but, whether from too much having been anticipated from it, from its having been indiscriminately used, or from some other cause, it seems to have fallen into disuse. I am not aware that it has ever been used extensively in such cases as I shall have to detail, or the principles on which alone I think it is likely to be beneficial, and which it is my intention to endeavor to lay down in the course of this paper.

It is in cases of puerperal mania that I have most extensively used the remedy, and although my experience of its use is not confined to such cases, it is of these I can speak with the greatest confidence.

It is not my intention to treat in a systematic manner of the disease under consideration, nor to review the various opinions that have been from time to time held with reference to its nature; nor shall I examine at any length into the value of the various modes of treatment which have at different times prevailed. My object is rather to endeavor to ascertain the cases in which the use of anæsthetics is specially called for, and the nature of the symptoms they are calculated to control.

The statistics of insanity occurring in women show a considerable per centage of cases of the puerperal form, that is to say, of cases occurring after parturition, during, or immediately after, lactation. Of 3,096 cases I have collected from various sources, 219 were cases of puerperal insanity, making about 7 per cent. This per centage, however, is not a correct one, inasmuch as in the total number of cases women of all ages are included; whereas those past the period of

child-bearing should be excluded, as no longer liable to the conditions in which puerperal insanity can occur. If such cases were omitted from the estimate, it is probable we should have a per centage of about ten.

It seems to be a common opinion that cases of puerperal insanity very rarely, if ever, prove fatal; and it becomes an important consideration to correct this, which I believe to be an error likely to be attended with serious consequences. It is, fortunately, true that the majority of cases do recover; but the statistics of lunatic hospitals show a large per centage of cases which remain incurable—a smaller, but by no means a satisfactory one, of cases which prove fatal.

The experience of practitioners with reference to recovery differs very materially, and I believe from this reason,—that some have observed cases in their private practice, and others in the practice of asylums; and inasmuch as those cases which are sent to asylums are generally of a far more serious character than those kept at home, it follows that the mortality in the one case will be greater than in the other.

The following table shows the rate of mortality, recovery, and incurability of 280 cases :

Of 92 cases recorded by Esquirol, 55 recovered, 6 died, 31 remained incurable.							
57	“	Dr. Burrows, 35	“	10	“	12	“
131	“	Dr. Webster, 81	“	6	“	44	“
—		—		—		—	
280		171		22		87	

61 per cent. recovered, 7.85 per cent. died, 31 per cent. remained incurable.

Dr. Copland states, from a series of cases he has collected, that about four in five recover, and one in eight dies.

With the exception of a very few cases, in which the symptoms seem to be rather those of phrenitis than of mania, death does not take place at a very early period of the disease, but after the lapse of a considerable time, as in the cases mentioned by Dr. Webster, in which death took place at periods varying from thirteen days to three months from the commencement of the attack.

The few statistics I have given will be sufficient for the purpose for which I have adduced them—viz., to show the relative rates of mortality and curability of the disease: they indicate, at least as far as hospital cases are concerned, a rate of mortality which, although not

high, is far from being of a satisfactory nature; and they tend to show that the disease does not kill at its onset, but after it has run a somewhat lengthened course.

It becomes necessary to examine into the causes of this rate of mortality, and to ascertain the nature of the symptoms which indicate danger, and which usually precede a fatal issue. On this subject I quote the following remarks from different authors. Dr. Copland says: "The chief danger in the disease, especially in the more pure or non-febrile form of it, arises from debility and exhaustion of nervous power; and this is the more to be dreaded when the disorder follows hemorrhage or improper bleeding, when the pulse is very rapid, weak or small, or fluttering, and when there are great restlessness and long-continued want of sleep."

Dr. Reid, in an article in the *Psychological Journal*, remarks: "Exhaustion appears to be the principal source of danger; the want of sleep, intense excitement, and monotonous self-fatigue all combine to increase it; and it is often a matter of surprise to us for what a length of time the human frame can withstand their effects. Should even the mental symptoms somewhat improve, yet, if the insomnia still continue, with a quick pulse and other increasing symptoms of bodily debility, the termination of the case is to be looked for with apprehension."

Dr. Gooch, in his work on diseases of women, remarks "that his experience accords with that of Dr. Hunter—viz., that there are two forms of puerperal mania; the one attended by fever, or at least the most important part of it, a rapid pulse; the other accompanied by a very moderate disturbance of the circulation: that the latter cases, which are by far the most numerous, recover; that the former generally die." Three cases reported by him "terminated fatally: all were attended by a very rapid pulse; some attended by a quick pulse recovered, but none of these were treated for paraphrenitis." He further states, speaking of favorable and unfavorable symptoms, "Nights passed in sleep, a pulse slower and firmer, even though the mind continues disordered, promise safety to life; on the contrary, incessant sleeplessness, a quick, weak, fluttering pulse, and all the symptoms of increasing exhaustion, portend a fatal termination, even though the condition of mind may be apparently improved. In the cases which I have seen terminate fatally, the patient has died with symptoms of exhaustion, not with those of oppressed brain, excepting only one."

In the remarks I have quoted I entirely concur. The danger of fatal issue does not depend upon any symptoms indicative of active mischief going on in the brain, or any other organ; the nervous excitement is not the result of inflammatory action in the brain, and in itself is secondary in point of danger to the exhaustion of nervous power and physical depression which supervene in consequence of the long-continued wakefulness, restlessness, and abstinence from food.

The refusal of food, which in severe cases of the disease is doggedly persisted in, is a matter for serious consideration, and it becomes, in fact, one of the most important symptoms to be dealt with. It is by no means uncommon for a patient under the influence of maniacal excitement to pass day after day, and night after night, even for weeks, in a state of continued restlessness and insomnia; and during this period there is obstinate refusal of food, and in some cases it becomes impossible to get the smallest quantity of nourishment into the system. Under these circumstances, it is not surprising that debility and physical exhaustion ensue, that the eye becomes haggard and the cheek sunken, that the heart becomes weak and rapid in its pulsations, and that ultimately the patient dies prostrate, whilst, almost up to the period of dissolution, the mental excitement continues. Should, however, death not result, the prolonged state of excitement and consequent debility will seriously impair the chances of perfect mental recovery, and increase the probability of termination in permanent mania.

The view taken above of the nature of the symptoms which indicate danger, seems to be borne out by the results of the *post-mortem* examinations of those cases that have terminated fatally. Esquirol remarks of the appearances in the cases he examined, "that, strictly speaking, they offer nothing in particular—nothing, in fact, which enables us to recognize the material cause of the disease, or discover its seat."

The appearances described by observers in this country are almost entirely in accordance with the above. Dr. Burrows says, "The morbid appearances are not of a marked character. The pure cases of the malady present little beside anæmia of the brain and its membranes. Other morbid changes are simply coincident."

Dr. Webster has found "turgidity of blood-vessels of brain and membranes—effusion into fifth ventricle."

Dr. Gooch, in the *post-mortem* examinations he made, found "no disease of brain—blood-vessels of cranium generally empty."

From the consideration of the *post-mortem* appearances in the fatal

cases, and from the examination of the symptoms exhibited during life, it is scarcely possible to do otherwise than conclude that the disease is one of irritation rather than inflammation. This seems to be the opinion now generally entertained by those who have had most opportunities of observing the disease. The affection seems to be one in which the brain and nervous system generally are in a condition of great irritability; and this appears to be the result, more or less, of a state of exhaustion. The disease is one rather of debility than increased power, and the condition of the nervous system is probably somewhat analogous to that which exists in delirium tremens.

Since more correct notions of the nature of the disease have prevailed, changes have taken place in the treatment. I believe, however, that, at the present time, erroneous opinions are still held which lead to an injurious line of practice, and that in many cases, especially at the onset of the symptoms, when there are great excitement and apparently increased vascular action, depressing remedies are often resorted to, which lower the patient's strength and diminish the chances of ultimate recovery. In the hands, however, of the well-informed, such treatment is not resorted to; it is replaced by remedies addressed to the nervous system. Sedatives and narcotics are the sheet-anchor. Before, however, these are administered, cathartics, more or less powerful, according to the nature of the symptoms and the condition of the patient, should be used; for almost invariably, in these cases, the bowels are much loaded, and much relief is obtained by evacuating their contents.

Amongst the remedies that have been used for the purpose of controlling this disease, opium occupies the first place. Almost all authors speak in high terms of its value. My experience does not in all respects agree with the opinions thus expressed. I have observed but little benefit follow its use in the severe forms of puerperal mania, and still less in other forms of mania. In the milder forms of the disease, it is, undoubtedly, of great value; and when the patient will swallow both food and medicine, and when the only indication is to procure sleep, it will often alone be sufficient to effect recovery; but there are cases in which, from the continued restlessness and obstinate refusal of the patient to take any thing whatever, opium cannot be administered; and again there are other cases in which, although administered, it produces no good result, but seems rather to increase the mental excitement. In cases of this kind, the long-continued restlessness,

insomnia, and absence from food, produce a state of exhaustion which, if not relieved by the introduction of nourishment into the system, and by rest, will soon terminate fatally. It is in such cases as these that we notice the great value of chloroform.

As illustrations of the line of practice I wish to recommend, and of the benefit to be derived from it, I have selected the following cases, which occurred in the Liverpool Royal Lunatic Asylum, under the conjoint care of Dr. Formby, the visiting physician to the asylum, and myself, during the period I was medical attendant to the institution.

CASE No. 1.—C. D. E., 24 years of age, of full habit and nervous temperament, was admitted into the Liverpool Royal Asylum as a patient.

Six weeks prior to admission, she was confined with a girl. She continued well for three weeks, and at the end of that period began to exhibit symptoms of a deranged state of mind. She had been of active habits, but had confined herself almost entirely to household duties. There had been no previous attack. Treatment had been adopted at her own home for a short time, and for three days before admission she had been put under restraint; during this period she had been very violent, and had refused food.

When admitted into the asylum, she labored under alternate depression and excitement; there was an almost entire absorption in religious matters, and great irritability of temper. She was very restless and sleepless, and required constant watching, to prevent her committing violence. She refused all food, and objected to every thing intended for her comfort.

There was nothing remarkable about her physical condition. She was tall and well made. One of the mammæ showed symptoms of incipient inflammation; the pulse was quick, and the tongue furred. A saline aperient was ordered, and belladonna lotion to the breast.

She continued in the condition above described for four days. She refused all food, had no sleep, and was very much excited. There was, however, no heat of scalp. She was ordered effervescing draughts, with one-third of a grain of morphia, every three hours; and a blister was put to the nape of the neck. On the evening of the fifth day, in consequence of her excited condition, a powerful opiate was ordered for her, but no good result was produced. On the sixth day there was no improvement; symptoms of exhaustion were coming on, and she was getting emaciated from want of food, which she still refused. She

had had very little sleep, although she had taken the morphia regularly. She was put under chloroform, and an enema of beef-tea was administered whilst she was under its influence. The morphia was omitted. She slept for several hours after the exhibition of the chloroform, and when she awoke was much more quiet, and remained so for two days, during which she took her food. At the end of that time she again refused food, and had a partial return of her previous symptoms; and as these did not subside, she was again put under chloroform on the tenth day, and another enema of beef-tea was given; the same result followed as before, only to a more marked extent. She now sensibly improved, and on the twenty-first day, eleven days after the second exhibition of the chloroform, I find the following note: "Greatly improved, eats and sleeps well, answers questions for the first time." This favorable state of affairs continued up to the forty-fourth day; on that day she became restless and excited, and chloroform was again exhibited. After that date she had no further relapse. She steadily improved, both mentally and physically, and was discharged well, after having been under treatment in the Asylum nearly four months. I have lately learned that she continued well after her discharge, and has since given birth to a child, no symptoms of mania having been developed.

CASE No. 2.—A. M. S., 26 years of age, of spare habit and nervous temperament, was admitted into the Asylum on ———.

A little more than three weeks prior to admission she gave birth to a boy—her fourth child. There was nothing remarkable about the labor, except that it was attended with some amount of hemorrhage. All her previous confinements had been good, and she had always made a good recovery; but during the latter part of her last pregnancy her health had been unsatisfactory. She became depressed and desponding, and fell into a low physical condition generally: she took no exercise, and suffered much from constipation of the bowels. She went on well after her confinement, except that she had but little milk, up to about ten days prior to admission—viz., about a fortnight after the birth of the child. Symptoms of a somewhat hysterical nature seem to have come on at that time, and she said she was going out of her mind. Three days before admission she became violent and excited in manner, and incoherent in speech. It was stated on her admission that she had had no regular sleep for ten days, and had taken but little food. Her general habits were said to be sedentary and temperate.

When admitted into the Asylum she was very restless, and could not be kept quiet for a moment. She was constantly talking in a very incoherent manner; she fancied she was subjected to shocks of electricity, and that she was beyond the hope of salvation. There was no peculiar physical conformation about her; she was thin, of moderate stature, and rather intelligent-looking; the pulse was rapid and feeble. She was kept quiet, and constantly watched for three days; but as the symptoms did not mend, and she had had no sleep, she was put under the influence of chloroform for a short time. She slept but little after it, and on the following day was very restless. She was ordered a brisk cathartic. She was more quiet after the bowels had acted freely; but the next day the restlessness and want of sleep returned. Chloroform was again exhibited at night. It produced but little effect, and the case now began to assume a serious aspect, for the patient was getting worn out, from the fact that she took but little food, and had but little sleep. In order to prevent her sinking from want of nourishment, an enema of beef-tea was administered under chloroform. She retained the injection, and slept for the first time for an hour and a half. It was repeated on the following day under chloroform, when she slept for three hours: this was on the eleventh day after admission. She now began to take food, and to pass her motions, of a healthy character, regularly. On the twelfth day chloroform was again exhibited at night, but it produced no sleep, and, consequently, on the following night she had Gtt. xxx. of Battley's solution. She slept, after taking the draught, for five hours, and was much more quiet the next day. The medicine was repeated, but it produced no sleep, and the restlessness returned, and she again refused food. The enema of beef-tea was repeated under chloroform. For the next few days she remained tolerably quiet, slept for a few hours every night after chloroform, and took some food. On the sixteenth day she had a brisk cathartic of croton oil, which seemed to be attended with benefit.

On the eighteenth day the chloroform was omitted, and tincture of henbane was tried, administered every four hours, but it produced no sleep, and Gtt. xl. of Battley were tried with the same result. On the twenty-first day she suddenly improved: she had been restless during the day, but in the evening she retired to bed of her own accord, and slept. From this day she began to improve in her physical condition, but for some time there was no marked improvement mentally. She continued under treatment for upwards of seven

months, and was then discharged. At that time her general health was good, the catamenia had returned, and the mind was becoming gradually restored.

I have lately learned that this patient, after her discharge, perfectly recovered her mental faculties.

CASE No. 3.—A female, 28 years of age, of spare habit and nervous temperament, was admitted into the Asylum on ———.

About nine weeks before admission she gave birth to a boy. No history of the confinement could be obtained; but it was stated that for nine months previous to that event she was so ill as to be obliged to keep her bed. No account, however, was given as to what she suffered from. About a week before admission, symptoms of insanity first appeared. She became very violent at times, and threatened to throw herself from the windows of her house. She was placed under treatment, but no benefit took place. She suffered from fits of a paroxysmal character, with lucid intervals. After her admission into the Asylum she became exceedingly violent at times; she had a recurrence of fits of an epileptoid character; she was very restless, and would not answer when spoken to. She labored under the delusion that her blood was boiling, and that she had wheels in her inside. In physical condition she was low, being much emaciated—to such an extent even that the pulsations of the abdominal aorta could be distinctly felt on placing the hand on the surface of the abdomen.

On the second day of her admission the fits continued, and she refused to take food; she passed a quiet night. From this date up to the twenty-eighth day there was but little improvement. On account of her restlessness and want of sleep, she was frequently put under chloroform at night, almost always with the result of giving her a quiet night. At times she refused food, and enemata of beef-tea were administered. Morphia was tried on one or two occasions to procure rest, but without effect. She required constant watching, and was kept in the padded room. She had a great tendency to injure herself, and if an opportunity were allowed her, she would knock her limbs and head against the walls, and on two or three occasions she thrust her head through panes of glass. Frequently she would refuse food for an entire day, and on the next eat every thing placed before her. She was allowed any thing she would take, but she continued up to this period much emaciated. She went on with but little alteration for two months, the chloroform being occasionally administered, and also the beef-tea

enemata. She subsequently began to improve, and at the end of the seventh month she was discharged at the request of her friends, nearly well. I have lately learned that after her discharge she perfectly recovered, and continues well.

The first case exhibits in a marked manner the beneficial influence of chloroform; the opiate treatment signally failed either to procure rest or allay the mental excitement, which increased *pari passu* with the symptoms of physical exhaustion and debility. It became urgently necessary, under the circumstances, at once to interfere, and check, as far as possible, the tendency to sinking which was manifest. Accordingly, chloroform was administered, and some strong beef-tea was injected into the rectum; the relief was marked and persistent for some days; and when a return of the symptoms occurred, a renewal of the remedy produced a renewal of the relief.

In the second case detailed, the effects produced were not so immediately striking as in the first; but it must be borne in mind that the case is an example of a class of very great severity. The most formidable symptom was the refusal of food, which was persistent to an extraordinary extent; and to so extreme a condition of exhaustion was the patient reduced, that had not some nourishment been introduced into the system at the time the injections were commenced, in all probability rapid sinking would have set in. The administration of chloroform, combined with the injections, produced an amount of sleep not previously obtained; and after the second injection food was taken, showing that the system was beginning to rally to some extent. Chloroform soon lost its power of producing lengthened sleep in this case, and the same fate attended opiates. It, however, produced a certain effect on the nervous symptoms and moderated the mental excitement; and further, it allowed of the introduction of nourishment into the system through the medium of the enemata.

The indications for the use of chloroform were strongly marked in the third case I have reported. Something to calm the excitement, if only for a short time, was urgently called for, and opium failed to produce the effect; and, in addition, the emaciated condition of the patient rendered the introduction of food into the system absolutely necessary.

The cases I have detailed will, I think, be sufficient to point out the benefit to be derived from the use of chloroform in the severe forms of puerperal insanity; but I should by no means confine its use to such cases. I believe it is calculated to afford the best means of treating the

disease when it exists in a milder form. At the *very* commencement of an attack it is likely to increase the mental excitement, and therefore its administration is not to be recommended; but when the disease has existed for a few days, it is probably the best sedative we can use. The milder forms of the affection will yield to other treatment; but it is especially in the severe forms, in which, from lengthened wakefulness, excitement, and abstinence from food, there is every prospect of sinking from exhaustion, that this remedy is so valuable. If an attempt be made to introduce food into the rectum without anæsthetic agents, the attempt will be frustrated, either by the resistance of the patient or the rejection of the enemata; but in the use of anæsthetics no difficulty is experienced, and in no single instance have I known the rectum to put on expulsive action. The injections may be given, if necessary, two or three times a day, and the results will soon be manifested in the improved condition of the patient, and often the willingness to partake of food. In dealing with these cases, it is not as though we had to deal with patients in a sound state of mind, or suffering from organic disease. Food is required, and would be easily borne and readily digested, but the patients are unconscious of the want, and ignorant of the danger of prolonged abstinence. Nor can such cases be starved into eating. The debility which ensues aggravates the mental symptoms, the excitement often becomes greater as the case progresses, and the refusal of food more obstinate.

I have already mentioned my opinion of the value of opium in the treatment of this disease, and I have the satisfaction of knowing that the lengthened experience of Dr. Formby, the physician to the Asylum, bears out the view I entertain. It must be remembered that I now refer to severe cases, and no one will for a moment doubt that those I have detailed were of such a character. In those cases opium produced little or no benefit, although freely administered; and supposing it would act, it is only calculated to meet two of the indications required—viz., to subdue the restlessness and promote sleep. It may be said that food will not be refused, if sleep and quiet are obtained; experience by no means bears out this view. Further, the administration of opium is calculated to check the secretions and constipate the bowels, and thus produce a condition which tends to aggravate the mental symptoms.

On the other hand, the administration of chloroform meets every indication. It procures rest and quiet; it is generally followed by a more or less lengthened sleep; its effects may be kept up for hours

without, I believe, producing any injurious effect whatever; and whilst the patient is enjoying the rest which the agent affords her, she may be fed by enemata. She may even be fed by the mouth. There is no objection, under certain circumstances, to the injection of food into the stomach, the patient being placed in a chair. I performed this operation on one patient on three consecutive days. The patient was a man who, for a whole week after admission, refused food; not a particle of any kind passed his lips; and finding there was no possibility of making him eat, I proposed that he should be put under chloroform, and that some beef-tea should be injected into his stomach. This was accordingly done, about a pint and a half of strong beef-tea being injected through the medium of the stomach-pump. I had some fear that the fluid would be rejected, but the result was most satisfactory, every particle was retained, and on the two following days the process was repeated—on the last day without chloroform; the patient being more quiet, allowed himself to be held and have the food injected into him, although he would not swallow any of his own accord. He subsequently began to eat, and we had no further trouble with him. I believe his life was saved by this timely interference.

The injection of food, however, into the rectum is best calculated for the cases I have alluded to; for the patient may be placed on a bed, in the recumbent posture, and thus left to sleep after the enema has been given.

The possession of an anæsthetic agent like chloroform, to be used as I have mentioned, always affords a hope of saving the patient's life, however severe the case may be, and however great the exhaustion and debility. The action is two-fold, and on this its great value rests. It calms the nervous system, and restores its tone by its sedative action and the rest it produces, and it enables the patient to receive nourishment, and thus to survive till the virulence of the disease is exhausted.

Independently of the importance of introducing nourishment into the system to prevent physical exhaustion, its beneficial influence on the disease itself must not be forgotten. That even a spare diet following a moderately good one will produce diseases of a character analogous to the one in question, has been abundantly proved, and I need scarcely allude to the remarkable instance which took place at the Penitentiary many years ago. The prisoners in that institution were, for some reason, placed from a very fair diet to an extremely moderate one, and in a short time diseases of the brain, headache, vertigo, delirium, apoplexy,

and even mania, became developed. If, therefore, the withdrawal of a portion of food will produce such diseases in healthy individuals, it is but logical to infer that protracted abstinence will tend to aggravate their symptoms; and we may thus see the importance of not allowing any patients suffering from diseases of the same, or an analogous kind, to pass even a short time without receiving nourishment into the system. In the treatment of delirium tremens, our great object, after procuring sleep, is to introduce nourishment, knowing well that the condition of exhaustion, which is an essential feature of the disease, and the wear and tear produced by the constant excitement and restlessness, is only to be permanently restored by giving vigor to the system. And thus it is with puerperal mania: the disease itself indicates a condition of exhaustion, and the great excitement and continuous restlessness increase the physical debility.

Chloroform has been used in cases of delirium tremens, and from the success which has attended its use its value in analogous cases might be inferred. I believe we have much to learn with reference to the use of anæsthetics in diseases depending on nervous irritability. It is by no means unfrequent to witness cases of this kind, in which the predominant symptoms are those of an excited nervous system, with great depression of the physical powers, attended by insomnia, restlessness, and refusal of food. These cases, generally, terminate fatally, after a more or less lengthened course, and the *post-mortem* appearances reveal an anæmic condition of the brain and body generally, attended, in some cases, by a low form of inflammation of a chronic character, and, very slight, of some portion of the viscera. Moral causes are generally the excitants of such affections, and any treatment addressed directly to the disease will be attended by little or no benefit; but, by using chloroform in the manner I have described, for the purpose of calming the excitement, of producing rest, and as a means of introducing food into the system, the physical depression and tendency to sinking from exhaustion may be avoided, and we may hope that the nervous system will have time to recover from the shock it has sustained, and life may thus be saved.—*The Journal of Psychological Medicine and Mental Pathology.*

FEIGNED INSANITY.

[*Extract from Bucknill on the Diagnosis of Insanity.*]

THE detection of feigned insanity is one of the most important points in the diagnosis of mental disease. When David was "sore afraid of Achish, king of Gath, he changed his behavior before them, and feigned himself mad in their hands, and scrabbled on the doors of the gate, and let his spittle fall down upon his beard. Then said Achish unto his servants, Lo, ye see the man is mad; wherefore, then, have ye brought him to me? Have I need of madmen that ye have brought this *fellow* to play the madman in my presence? Shall this *fellow* come into my house?" From whence it appears, that not only did king Achish make a bad diagnosis, but that the prejudice against the insane is as old as the earliest records. Reverting to profane history, we find that Palamedes had more diagnostic acumen than the king of Gath. Ulysses feigned insanity to escape the Trojan war. He yoked a bull and a horse together, ploughed the sea-shore, and sowed salt instead of corn. Palamedes detected the deception by placing the infant son of the king of Ithaca in the line of the furrow, and observing the pretended lunatic turn the plough aside—an act of discretion which was considered a sufficient proof that his madness was not real. At the present day, one would scarcely pronounce that a man was feigning madness because he retained enough of intelligence to recognize, and avoid the destruction of his own son; but the signs of madness adopted by Ulysses resembled in a remarkable manner the conduct of feigning madmen of the present day, and which to an experienced alienist at once suggests the idea of deception. The feigning madman in all ages has been apt to fall into the error of believing that conduct utterly outrageous and absurd is the peculiar characteristic of insanity. The absurd conduct of the real madman does not indicate a total subversion of the intelligence; it is not utterly at variance with the reasoning processes; but it is consistent either with certain delusive ideas, or with a certain perverted state of the emotions. In the great majority of cases, feigned insanity is detected by the part being overacted in outrageousness and absurdity of conduct, and by the neglect of those changes in the emotions and propensities which form the more import-

ant part of real insanity. Sometimes mania is simulated—the man howls, raves, distorts his features and his postures, grovels on the ground, or rushes about his room and commits numberless acts of violence and destructiveness. If he has had the opportunity of observing a few cases of real insanity, and if he is a good mimic, he may succeed in inducing a person who only watches him for a few minutes to believe that he is in the presence of a case of acute mania; but if the case is watched for a few hours or days, the deception becomes apparent. No muscular endurance and no tenacity of purpose will enable a sane man to keep up the resemblance of acute mania; nature soon becomes exhausted, and the would-be patient rests, and at length sleeps. The constant agitation, accompanied by symptoms of febrile disturbance, by rapid pulse, foul tongue, dry and harsh or pallid, clammy skin, and the long-continued sleeplessness of acute mania, cannot be successfully imitated. The state of the skin alone will frequently be enough to unmask the pretender. If this is found to be healthy in feeling, and sweating from the exertion of voluntary excitement and effort, it will afford good ground for suspicion. If after this the patient is found to sleep soundly and composedly, there will be little doubt that the suspicion is correct.

Chronic mania may be imitated; and if this should be done by an accurate observer of its phenomena, who also happens to be an excellent mimic, it cannot be denied that the imitation may deceive the most skillful alienist. It is remarkable, that two of the most perfect pictures of insanity presented to us in the plays of Shakspeare are instances of feigned madness—namely, the madness of Hamlet, assumed to escape the machinations of his uncle, and that of Edgar, in *Lear*, assumed to escape the persecutions of his brother. These inimitable representations of the phenomena of insanity are so perfect that in their perusal we are insensibly led to forget they are feigned. In both instances, however, the deception was practiced by educated gentlemen; and on the authority of the great dramatic psychologist it may, perhaps, be accepted, that the phenomena of insanity may be feigned by a skillful actor like Hamlet so perfectly, that no flaw can be detected in the representation. Fortunately for the credit of psychologists, insanity is rarely feigned except by ignorant and vulgar persons, who are quite unable to construct and to act out a consistent system of disordered mind. It must be remembered that all the features of every case of insanity form a consistent whole, which it requires as much

intelligence to conceive and to imitate, as it does to conceive and to imitate any dramatic character. The idea which the vulgar have of madness is of quite a different kind. They represent it as a monster, half man, half beast; the emotions they represent unchanged and human, the intellectual functions they represent entirely perverted, groveling, and bestial. They think that madness entirely alters the character of a man's perceptions and utterly destroys his judgment, so that he not only ploughs the shore and sows salt for seed, but that he can not recognize his own son or avoid the destruction of his life. In more homely cases it will be found that men feigning insanity pretend that they cannot read or write, or count ten correctly, or tell the day of the week, or how many children they have; they answer every question wrongly, which a real lunatic, who could be made to understand the question and to answer it at all, would certainly answer right. In illustration of these facts, we subjoin the following cases of simulated insanity reported by Dr Snell, in the *Allgemeine Zeitschrift für Psychiatrie*, December, 1855.

In the house of correction at Eberbach, a man attempted for some years to escape punishment by imitating insanity. He would not work, he danced round his cell, sang unconnected words and melodies, and made a peculiar booming sound. When any one went into his cell he put on a forced, stupid expression, he glanced at people sideways, but generally fixed his look on the floor or on the wall. To questions he gave either no answers, or answers altogether wrong; for instance, to the question how many days there were in the week, he answered ten. He would not recognize the people whom he constantly saw; he said he had never seen me, and did not know me. When I asked him if he knew who I was, he said a man. I placed before him a keeper with whom he daily had intercourse, and asked him if he knew who this man was; he said at first he did not know, and then he said he believed that he was a soldier. There could be no doubt there was deception in this case. The unmasked deceiver tried to play his part for some time, and then gave it up.

The following case is reported in the *Berlin Medical Zeitung*. The widow, Catherine R., had bought a house, the purchase of which she subsequently regretted. In order to upset the purchase her children declared that she was insane, and the court named three experts to examine into the truth of this allegation. We found her a woman already advanced in years, and partially blind in consequence of cata-

ract, her features were expressive of stupid listlessness; she looked straight at no one, but fixed her gaze on the ground; a certain restlessness was, however, to be observed. I wished her to read and write, but was told that she could do neither. I then made her count, and she counted thus: 1, 2, 4, 6, 7, 8, 10, 11, 13, 18, 19, 21. I asked her how many fingers she had on each hand; she answered, after some hesitation, four fingers. I let her count the fingers on her hand; she counted them, but skipped over the ring finger—1, 2, 4, 6. I asked her how many two and two were; she answered, after some thought, six. The following questions and answers then took place:

Q.—How many children have you? A.—I have, I believe, nine children, (she had really seven.)

Q.—How long has your husband been dead? A.—About ten years, (in reality only five years.)

Q.—In what manner did he die? (he was suddenly killed by a fall from a wagon). A.—He lay sick more than eight days.

Q.—Do you know this daughter of yours? (Catherine.) A.—Yes.

Q.—What is her name? A.—Babetta.

Q.—Have you other relations? A.—Yes, I have a sister; she is called Barbara, and is married to a man called Prince: send to her, she comes no more to me; (this sister had been long dead.)

Q.—What is the present year? A.—I do not know.

Q.—How long has Christmas passed? A.—I do not know.

Q.—Have you bought a house? A.—No, I know nothing of it. I have a house, why should I buy a house? There were some people who wished to buy my house.

Q.—Where do they dwell? A.—I do not know.

Q.—What is the Kloster Eberback now used for? A.—There are yet monks there, (there had been none there for fifty years.)

Q.—Have you eaten to-day? A.—I have not, (she had just eaten.)

Q.—What did you eat last evening? A.—Potatoes, (she had eaten soup.)

Q.—In what month is hay harvested? A.—I cannot remember.

Q.—In what month is wine harvested? A.—I believe in September.

Q.—How has last year's wine turned out? A.—It is right good, (it was very bad.)

Q.—What is the name of the teacher to whose school you go?

A.—He is called Ohler, (in truth he was called Muschka.)

Q.—Do you know the Ten Commandments? What is the first commandment? A.—I am the Lord thy God.

Q.—What is the second commandment? A.—I am the Lord thy God.

Q.—What is the third commandment? A.—I do not know.

Q.—The fourth? A.—I do not know.

Q.—The fifth? A.—Thou shalt *not* honor thy father and mother.

Decided by this examination, I and my colleagues declared the widow R. to be feigning. The witnesses for the widow were condemned for perjury, and she herself was sentenced to the house of correction for deception and seduction to perjury. I often saw her during the period of her imprisonment, and she had entirely given up her simulation.

Another very similar case is related in the *Zeitchrift für Psychiatrie*, upon which Dr. Snell remarks, that “patients suffering from real imbecility are well enough able to tell the number and the names of those who belong to them, and that they understand and answer questions on such matters in a very different manner to these simulators. Common people,” he observes, “have not the slightest rational idea of insanity; they believe that all mental manifestations are completely altered in it, and that an insane person knows nothing; he ceases to read, to write, and to reckon, and that all his relations and conditions are completely reversed. Hence it happens that all uninformed people find it difficult to acknowledge actual insanity. When they speak of an insane person they say that he is not mad, that he knows every one about him, and that he altogether conducts himself like a reasonable man, only that he shows some peculiarities. Uneducated people have the idea that an evil spirit, as it were, takes possession of an insane man, and drives out his being with altogether new and perverted elements. Where they observe memory, reflection, feeling of right and wrong, they think that insanity cannot exist; and yet among the insane all these things are seldom altogether wanting, and often exist in a high degree. On this rock simulators generally shipwreck, if they attempt an active part at all. But it is more difficult to form a judgment, if the simulator preserves a complete passiveness and an obstinate silence. It is not impossible that by these means insanity may be simulated with success; yet, in order to do so, the simulator must possess a rare strength of will, in order, through all observations and tests, to preserve his rôle.” In the following case the simulator was, in his first attempt,

successful in deceiving myself and several other medical men. W. Warren was a notorious thief, indicted at the Devonshire assizes, 18—, for felony; previous conviction having been proved against him, he was sentenced to transportation for fourteen years. Two days after his trial he all at once became apparently insane; he constantly made howling noises, was filthy in his habits, and destroyed his bedding and clothing; he was, however, suspected of malingering, and was detained in jail three months. During a part of this time it was found needful to keep him in a strait-waistcoat. At length certificates of his insanity were forwarded to the Secretary of State, and he was ordered to be removed to the Devon County Asylum. On admission into this asylum he was certainly very feeble, and in weak health. He had an oppressed and stupid expression of face; he answered no questions, but muttered constantly to himself; he retained the same position for hours, either in a standing or a sitting posture; he was not dirty in his habits, but he was attended to in this respect like an idiot; he appeared to be suffering from acute dementia. In three weeks' time he recovered bodily strength, and his mind became gradually clear. This change was too rapid not to suggest the idea of deception; but the previous symptoms of dementia had been so true to nature that I still thought the insanity might not have been feigned. For a period of eight months he was well conducted and industrious, and showed no symptoms of insanity. At the end of that time he was returned to the jail to undergo his sentence, and within one hour of his re-admission within its portals he was apparently affected with a relapse of his mental disease. For a period of two years this indomitable man persisted in simulating mental disease. He refused to answer all questions, although, walking to and fro in his cell, he muttered to himself, and sometimes made howling noises, which disturbed the quiet of the prison. Sometimes he refused his food for days together. He employed his time walking to and fro in his cell, muttering unintelligibly, or in beating at the door of his cell, or in turning his bed-clothes over and over, as if looking for something. He had a very stupid expression of face, heightened by inflammation of the eyes, from the lashes growing inwards. He slept soundly. For some months he was very filthy; this habit was cured by the governor of the prison ordering him to be put in a hot bath—hot enough to be painful, but not to scald; he jumped out of the bath with more energy than he had before shown, and thenceforth did not repeat his filthy practices. I

visited him several times in prison, and expressed my positive opinion that his insanity was feigned. With the exception of uncleanly habits, he maintained all the symptoms of insanity which he had adopted for two whole years; his resolution then suddenly gave way, he acknowledged his deception, and requested Mr. Rose, the governor of the prison, to forward him, as soon as might be, to the Government dépôt for convicts. In this remarkable case the perseverance of the simulator, his refusal to converse, or to answer questions, and the general truthfulness of his representation, made it most difficult to arrive at a decisive opinion. Still, the rapidity of his recovery in the first instance, and the suddenness of his relapse in the second, were quite inconsistent with the course of that form of insanity to which he presented so striking a resemblance. My opinion was formed upon a history of the case, and not upon any obvious inconsistency in the symptoms.

Whether the following case was or was not one of simulation can not yet be known; the recapture of the convict may, perhaps, hereafter determine the question. John Jakes was convicted at the Devon Easter sessions, 1855, of pocket-picking. Previous convictions having been proved, he was sentenced to four years' penal servitude. On hearing the sentence, he fell down in the dock as if in a fit of apoplexy. When removed to the gaol, he was found to be hemiplegic and apparently mindless. He, however, did some things which did not belong to dementia following apoplexy; for instance, he was designedly filthy, and even ate his own excrements. His insanity was certified by the surgeon of the gaol, and by a second medical man, and he was removed to the asylum. Notwithstanding the medical certificates of his insanity, the convicting magistrates, who knew his character as a burglar and a criminal of great ability, thought that he was feigning. Warned by their caution, I examined the man carefully. He had all the symptoms of hemiplegia: the toe dragged in walking, the uncertain grasp of the hand, a slight drawing of the features, the tongue thrust to the paralyzed side—all these symptoms were present in a manner so true to nature, that, if they were feigned, the representation was a consummate piece of acting founded upon accurate observation. In the asylum the patient was not dirty; he was tranquil and apparently demented; he had to be fed, to be dressed, and to be undressed, to be led from place to place; he could not be made to speak; he slept well. On the night of the 17th of August, 1856, he effected his escape from the asylum, in a manner which convinced the magistrates that their opinion of

his simulation was just, and that he had succeeded in deceiving some four or five medical men. He converted the handle of a tin cup into a false key, wherewith he unlocked a window guard; through the window he escaped by night into the garden; from thence he clambered over a door, eight feet high, and afterwards over a wall of the same height. He got clear away, probably joined his old associates, and has never been heard of since.

It is hard to say which is the least improbable, a representation of hemiplegia and dementia, so perfect as to deceive several men, forewarned against deception; or the escape of a really paralytic patient by the means described. It must be remembered that the patient was an accomplished housebreaker, and that things impossible to other lunatics might have been accomplished by him.

The fifth report of the Inspectors in Ireland states that several cases of feigned insanity, to defeat the ends of justice, have come under the official cognizance of the Inspectors during the year. One young woman, who had murdered her husband, displayed the most extraordinary determination; although secretly watched day and night for weeks, she never deviated from the line of deception; she was, however, tried, convicted, and executed. The cases of other murderers who feigned insanity—namely, William Quinlan and John Grady—are also recorded. Unfortunately, the carefully prepared report is an official document, and not a scientific record; and, therefore, the manner in which the inspectors detected these impositions, and secured the administration of justice is not made known to us.

Some of the earlier writers on insanity lay down some excellent rules for the detection of feigned insanity, although some of them are of a nature which the humanity of the present age would forbid, and some of them require to be accepted with precaution. Sometimes the threat of severe modes of treatment, or even of punishment, has proved successful in discovering feigned disease. Zacchias relates that an able physician ordered, in the hearing of a suspected person, that he should be severely whipped, on the grounds that, if really insane, the whipping would produce an irritation on the external parts which would tend to alleviate the disease; and if not, he would not be able to stand so severe a test. The threat alone served to cure the pretended malady. Another instance was detected by Foderé, who ordered a red-hot iron to be applied between the shoulders of a woman who was accused of several highway robberies, and who

feigned insanity with great skill. The patient at once discontinued her objectionable habits, and Foderé certified to her sanity. It must not, however, be forgotten that measures which may be called heroic treatment, or torture, would in many instances not be without their effect upon the really insane, and that any extra professional infliction of pain is undoubtedly beyond the province of the physician.

The operation of medicines suitable to the treatment of the insane is a more justifiable experiment for the detection of feigned insanity, and one likely to be more successful. An instructive example of this kind is given in Beck's "*Medical Jurisprudence*," from the narrative of Prof. Monteggia. A criminal, denounced by his accomplices, became suddenly attacked with insanity; sometimes it seemed to be melancholy, then 'exhilarating insanity, and then dementia; he made no answer to questions except by single words, as book, priest, crown, crucifix. "In his presence the physician stated that there were several peculiarities in the case, and among these, that he made noise during the night and was quiet in the daytime, that he never sighed, and that he never fixed his eyes on any object. The drift of this conversation was that the opposite of all these would induce them to suppose him insane; shortly after, in fact, he ceased making noise at night, and did every thing which they had indicated." When Monteggia was ordered to visit him, he appeared demented, could not look at a person steadily, never spoke, but made a hissing noise at the sight of any thing that pleased or displeased him; he was constantly in motion, and it was the opinion of his attendants that he scarcely ever slept. Monteggia ordered six grains of opium to be mixed in his soup, but without any effect; some days after, this dose was repeated, but seeing, after six hours, no proofs of its operation, it was again repeated; notwithstanding this, he passed the night and the next day awake; the next night he seemed disturbed, raised himself in bed, sighed profoundly, and exclaimed, "My God, I am dying!" His attendant, who had never heard his voice before, was extremely frightened, and sent immediately for Monteggia. The patient was tranquil, and speaking sensibly, without any appearance of insanity; he said he had no recollection of the past, but that he had heard persons say that poisoned soup had been given him. From this time he appeared cured. Monteggia seems to be of opinion that actual dementia had resulted from long feigning. May it not be that the powers of the opium were resisted by an intense voluntary effort? The case is certainly as anomalous as it is interesting.

There are few cases of feigned mania which need any resort to the pharmacopœia for the means of detection, the voluntary exertions of the feigning maniac generally resulting in exhaustion, and in sleep both natural and sound. A dose of opium may, however, sometimes expedite the discovery, if the means of patiently watching the movements of the suspected feigner are not available. In France, chloroform has recently been employed for the purpose of discriminating between real and feigned insanity, it being supposed that during the intoxication produced by chloroform, a real madman will continue to rave on the subjects of his delusions, and that a person feigning madness will be overcome by its influence, and allow his imposition to be unveiled. I entertain doubts on both of these points. At least I am certain, from repeated experiments, that a real maniac, under the influence of chloroform, administered to a degree short of producing coma, will sometimes, during its transitory influence, become reasonable and tranquil.

In the detection of feigned insanity, much stress has been laid by writers upon the suddenness of the attack, which they say distinguishes it from real insanity, whose invasion is gradual. This point of diagnosis must be accepted, however, with much caution. I have known real cases of mania manifest themselves with the utmost suddenness; I have known patients who went to bed apparently in good health awake in a state of mania; I have known patients become suddenly maniacal, under the influence of exciting and denunciatory preaching, and during other conditions of intense temporary excitement. Doubtless, in all these cases the brain was previously prepared for the sudden explosion; but the symptoms of latent disease had not been of a nature to attract any observation, and, therefore, in a diagnostic point of view, the sudden outburst of real insanity must be accepted as possible.

The most important diagnostic point of feigned insanity is the want of coherence of the manifestations, not only with mental disease in general, but with the form or variety of insanity which is feigned in particular. Thus not only, as before stated, does the feigner overdo the intellectual perversions and absurdities, and the outrageous or irrational conduct of insanity, to the neglect of emotional disturbance; but he mixes the various forms of insanity together: thus, in Monteggia's case, the patient vacillated between melancholia, exhilarated insanity, and complete dementia. In the case of William Warren, the symptoms, when he was first in prison, were those of mania; at the asylum, they were those of dementia; and on his return to prison,

they were those of mixed mania and dementia. In Jake's case the clever imitation of dementia following apoplexy was injured by the introduction of maniacal symptoms, as the eating of his own ordure.

To deceive a skillful alienist, who takes pains patiently and fully to investigate the case, the simulator of insanity must, if he displays any active symptoms, not only have carefully observed the symptoms, but be able himself to represent those symptoms with powers of imitation which are possessed by few. How hard it is on the stage, and for a few minutes only, for a man to represent the manners of a sailor, a peasant, an old man, or any other characteristic manners, so that the deception shall be acknowledged complete! But the histrionic powers of a feigning maniac or melancholic must be kept for days and weeks on the stretch in the representation of manners and modes of thought far more difficult to imitate than those which are usually the subject of theatrical art. Dr. Rush is reported to have discriminated feigned from real insanity by the relative rapidity of the pulse; Dr. Knight and other writers have claimed the same power for the sense of smell. At the present day the deposits in the urine would, we suppose, be appealed to. Much reliance, however, is not to be placed upon any one, or even upon several, of the physical signs of nervous disturbance. They have a scientific but scarcely a diagnostic value. They may serve to direct the inquiries of the physician, or even to confirm his opinion founded upon other data; but standing by themselves, they are of little importance in the diagnosis of insanity.

The diagnosis of Concealed Insanity (*insania occulta*) is to be made on the general principles laid down in the previous pages. Some patients are to be met with who converse and reason well on all subjects except those connected with some delusive opinion. One of the most remarkable instances on record is that of a man named Wood, who brought an action against Dr. Munro for false imprisonment, and underwent the most severe examination by the defendant's counsel without exposing his complaint. Dr. Battie suggested to the judge (Mansfield) to ask him what was become of the princess with whom he corresponded in cherry juice, and immediately a whole group of delusions became apparent. Wood indicted Dr. Munro a second time for false imprisonment, in the city of London, "and such," said Lord Mansfield, "is the extraordinary subtilty and cunning of madmen, that when he was cross-examined on the trial in London, as he had successfully been before, in order to expose his madness, all the ingenuity of the bar, and

all the authority of the court, could not make him say a single syllable upon that topic which had put an end to the indictment before, although he had still the same indelible impression upon his mind, as he had signified to those who were near him; but conscious that his delusion had occasioned his defeat at Westminster, he obstinately persisted in holding it back." This and other cases which might be quoted refute Heinroth's assertion, that although patients can *conceal*, they never can *deny* their fixed ideas. Doubtless, in the majority of cases, Heinroth's opinion is correct, and people who, when sane, were not remarkable for veracity, who would not, indeed, scruple to utter any amount of falsehood whenever their interests seemed to require it, overlook every advantage, and stand at no absurdity or disgrace, when they have a delusive idea to maintain.

The first principle of interrogation, in ranging the mind for a delusive idea, is, to converse freely and naturally with the patient on the subject of all his relations—his relation to God, to his neighbor, including his wife, parents, his children, those in authority over him, and those over whom he may have authority; his relation to property, his indebtedness, or his fortune; his profession, his ambition, his desire of wealth or of rank; his bodily health, his studies, his amusements, his history. Heinroth proposes that the physician should narrate the patient's own history, disguised as the history of the physician, in order that the patient may suppose a parallel between his own case and that of his examiner, so that the *dulce habere socium malorum* may elicit circumstances which he would have otherwise concealed. (*Wharton and Stillè.*) This roundabout proceeding would, we fear, in most cases tend rather to excite the suspicions than to elicit the confidence of the patient; still, if the patient refuses to talk of himself, the physician has no option but to talk of himself, or of third persons, and by the expression of opinions likely to be challenged by the patient, thus to draw him into discussions which may eventually betray the morbid train of thought. If the patient is much below the social rank of the physician, assistance may often be obtained from persons of the patient's own position and modes of thought. A man, whose ideas revolve in the narrow circle of a peasant's uncultivated mind, will often put himself into a mental posture of silent and sudden antagonism to all persons whom he considers above him, while he will expand and communicate freely to his equals and ordinary associates. Frequently it is found that the insane discover the delusions of the insane more rapidly than others can do.

If the patient can write, he should always be freely encouraged to do so; insane patients, it is true, often write letters which bear no impress of their delusions. Men who constantly converse and act irrationally, will write letters on matters of business with good sense and precision. But the converse of this is sometimes observable, and patients, who in conversation adroitly conceal their delusions, display them with freedom in writing. I have for many years had a well-educated man under my care, who can never be brought to converse on his delusive ideas. When pressed, he adroitly turns the conversation, or he states his opinions in such a form that they cannot be called delusive—that is, he not only conceals, but to a certain extent he denies his fixed ideas. Once a month, however, he presents me with a long and closely written letter, in which his delusions of persecution, forced marriage, &c., are sufficiently apparent.

Another patient of mine, a barrister, so completely concealed and denied his delusions in conversation, that he succeeded in persuading his relatives, and especially his mother, a woman of rare intelligence and discrimination, into the belief of his perfect recovery from an attack of mania, and of his capacity to resume his professional labors. During the whole of this time he was writing letters to relatives living at a distance, full of delusion relating to his supposed marriage with a servant, to the distribution of a large fortune which he did not possess, and a yacht voyage to every part of the globe.

The conduct of the patient should be observed by night as well as by day. I have for several years had under my care a respectable tradesman, whose conduct and conversation during the day exhibit scarcely a trace of mental disease. He is industrious, sensible, and kind-hearted; and it is strange that his nights of suffering have left no painful impression on his pleasing features. At night he sees spectres of demons and spirits, at which he raves aloud and prays with energetic fervor.

That it is important to test the memory and the capacity by examinations, repeated at various times, is shown by the case recorded by Sir H. Halford in his *Essays*. A gentleman sent for a solicitor, gave instructions for his will, and told the solicitor that he would make him his heir; soon after this he became deranged. After a month's violence he was composed and comfortable, and manifested great anxiety to make his will. This request was evaded as long as possible, but at last consented to. The solicitor received the same instructions, drew it, and it was signed by the physicians (Sir Henry Halford and Sir

George Tuthill). After leaving the room and conversing on the delicacy of their situation, the physicians returned to his room and questioned him how he had left his property. He mentioned the legacies correctly, but when asked to whom the real estate was to go, he said "To the heir at law, to be sure." This case, although instructive, is not very intelligible; probably the solicitor was better acquainted with the peculiar weakness of the patient's mind than either of the eminent and titled physicians.—*The Asylum Journal of Mental Science*.

BIBLIOGRAPHICAL.

REPORTS OF AMERICAN ASYLUMS.

- I. *Reports of the Trustees, Superintendent, and Steward of the Maine Insane Hospital*, 1855. *Augusta, Me.*, 1856.

DURING the year ending with the date of this report, the Maine Hospital has been materially enlarged by the completion of one of the principal wings. The institution is now finished according to the original design, and provides accommodations for two hundred and fifty patients.

The State of Maine at present furnishes an example of the mistaken policy which sometimes governs the action of public officers. Though the number of insane in the state is not far from thirteen hundred, yet less than one-ninth are under special treatment, and nearly one hundred beds in its Hospital stand empty. The Trustees attribute this in part to a misapprehension of the advantages offered by the Hospital, but more particularly to the unwillingness of many of the towns to incur the expense of providing for their pauper insane in a public institution. In consequence of this very erroneous idea of economy, the inhuman system of keeping the insane in cages, and selling their support to the lowest bidder, still extensively prevails. To remedy this great evil, by removing one of the principal causes which tend to produce it, Dr. Harlow suggests that the state shall contribute one dollar per week towards the support of each insane pauper whom the towns or cities will send to the Hospital.

The “cottage” hitherto occupied by female patients has been vacated since the completion of the wing above referred to, and will henceforth be used as a laundry, for which purpose such out-buildings are, no doubt, much better adapted.

Dr. Harlow’s report bears evidence of his devotion to the comfort and welfare of those under his care. The number admitted into the institution has been larger than usual, and the general health of the inmates good.

The statistics are as follows :

	Males.	Females.	Total.
Remaining, Nov. 30th, 1854	64	51	115
Admitted during the year	66	62	128
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Whole number treated	130	113	243
Discharged recovered	41		
“ improved	14		
“ unimproved	14		
Died	19		
Total discharged	— 44	44	88
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Remaining, Nov. 30th, 1855	86	69	155

The causes of death were : general paralysis, five ; epilepsy, three ; chronic diarrhoea, three ; tubercular consumption, two ; congestion of the brain, three ; old age, nephritis, and typhoid fever, each one.

II. *Report of the Board of Visitors, Trustees, Superintendent, Treasurer, and Building Committee of the New Hampshire Asylum for the Insane. June Session, 1856. Concord, 1856.*

The year closing with this, the “Fifteenth Annual Report,” has been one of much activity in the Asylum. The number of patients has been large, and the usual degree of success has been realized in their treatment.

To meet the increased demand for asylum provision for the insane in the state, a “cottage” has been erected, affording accommodation for sixty additional patients, making the entire capacity of the institution two hundred and twenty-five. In closing their report, the Trustees make very honorable mention of the ability of the Medical Superintendent, Dr. John C. Tyler, and remark that the eminent usefulness of the institution for the past three and a half years has been owing in a great degree to his skill, fidelity, and unwearied effort.

The statistics of the year are as follows :

	Males.	Females.	Total.
Number at commencement of the year.....	72	83	155
Admitted during the year.....	57	38	95
Whole number treated.....	129	121	250
Discharged recovered.....	37	29	66
" improved.....	5	8	13
" unimproved.....	4	3	7
Died.....	6	4	10
Total discharged.....	52	44	96
Remaining May 31st, 1856.....	77	77	154

III. *Nineteenth Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane, August, 1855. Brattleboro, 1855.*

Dr. Rockwell's Report is brief, and, as usual, confined to a simple detail of the operations of the Asylum. The following statistics are presented :

	Males.	Females.	Total.
Remaining, August 1st, 1854.....	188	201	389
Admitted during the year.....	78	86	164
Whole number treated.....	266	287	553
Discharged recovered.....	79		
" improved.....	13		
" unimproved.....	15		
Died.....	52		
Total number discharged.....			159
Remaining, August 1st, 1855.....			394

The number of deaths is large, owing to a severe and fatal form of dysentery which made its appearance early in the summer, and continued with unabated severity throughout the season.

The inconveniences and dangers incident to the prevalence of an epidemic of such a character in a crowded house, unprovided with the means of isolation, led to the erection of two infirmaries—one for either sex. In the absence of diseases of a contagious or epidemic character, it is designed to use them for the care and treatment of those laboring under any form of bodily ailment. The necessity of hospital buildings for this purpose is very generally felt, and they will, doubtless, ere long be attached to all the larger institutions.

IV. *Report of the Board of Trustees of the Massachusetts General Hospital. Presented to the Corporation at their Annual Meeting, January 23rd, 1856.*

Appended to the above is the "Thirty-eighth Annual Report of the Physician and Superintendent of the McLean Asylum for the Insane."

This is the closing one of a long series of reports which have, year by year, added largely to the literature of our specialty, and to the general fund of information and experience upon subjects referring to the character, treatment, and relations of the insane. Nineteen years before the date of this report, while, in the Legislature of New Hampshire enthusiastically urging the importance of public provision for the insane of that state, Dr. Bell, without application on his part, or any intimation that he was thought of for the office, was called to the superintendence of the McLean Asylum. His eminent professional ability, skill, and active devotion to his duties well supplied the place of more extensive practical experience in the treatment of mental disease, and his great success proved him every way worthy to follow such illustrious predecessors as Drs. Wyman and Lee. Thus accidentally, as it were, led to enter the field when the subject of insanity was just beginning to receive public attention, his history thenceforward was, in the words of a biographer, "mainly that of the development of the progressive effort of the wise and benevolent of the land to ameliorate the condition of the insane."

In the report before us Dr. Bell officially announces his resignation of the position he has so long and ably filled, and, in leaving his charge to his successor, adds a few brief but instructive suggestions. These occupy a large portion of the report, and as they have been given to our readers in a previous number of the Journal, we will close our notice with the usual statistics for the year.

	Males.	Females.	Total.
Number at commencement of year	97	98	195
Admitted during the year	59	64	123
Whole number treated	156	162	318
Discharged recovered	27	29	56
" improved	6	8	14
" unimproved and <i>unfit</i>	19	13	32
Died	16	8	24
Total discharged	68	58	126
Remaining, January 1st, 1856	88	104	192

V. *Twenty-third Annual Report of the Trustees of the State Lunatic Hospital at Worcester. December, 1855. Boston, Mass., 1856.*

The Trustees announce the retirement of Dr. Chandler from the office of Medical Superintendent, which he has held for ten years, and avail themselves of the occasion to testify to the fidelity and signal ability with which he has discharged the duties of his position, and to the great success which has attended his labors during the whole period of his superintendence. Dr. Merrick Bemis, who has filled the office of assistant physician for eight years, has been appointed to succeed him.

During the past year many and extensive improvements have been made in the internal arrangement of the Hospital. Twenty-four of the thirty-six "strong rooms" have been removed, and in their place four large, airy, and handsome parlors, or sitting-rooms, have been substituted. The halls, originally dark, and on that account generally gloomy, have been rendered light and cheerful by causing recesses to be made on the sides affording the best light, by taking down the partitions between two rooms, and between the rooms and the hall, and throwing an arch over the front to sustain the walls above. These recesses, which have two windows in each, afford an abundance of light to the hall, and are much occupied by the patients.

Another important and more expensive improvement has been commenced in the introduction of a system of warming and ventilation, similar to that adopted in the State Asylum at Utica. Steam is to be used for warming, and ventilation secured by mechanical power.

Nothing specially worthy of note has occurred in the professional history of the institution during the year. The tables presented are complete, and arranged uniform with those which have accompanied previous reports. The general statistics are as follows :

	Males.	Females.	Total.
Remaining, December 1st, 1854.....	193	188	381
Admitted during the year.....	86	113	199
	—	—	—
Whole number treated.....	279	301	580
	—	—	—
Discharged recovered.....	50	59	109
" improved.....	12	14	26
" unimproved.....	36	46	82
Died.....	13	14	27
	—	—	—
Total discharged.....	111	133	244
	—	—	—
Remaining under treatment.....	168	168	336

VI. *Second Annual Report of the Trustees of the State Lunatic Hospital at Taunton. December, 1855. Boston, Mass., 1856.*

The success which has attended the operations of this institution thus far is very gratifying. It was opened for the reception of patients in April, 1854; and, as those familiar with its history will recollect, was almost immediately filled by the transfer of two hundred and eleven patients from the State Hospital at Worcester. Of the general character of the cases transferred some idea can be formed from the fact that at the close of the second year only twenty of the entire number had recovered. Old, helpless, and demented cases gradually accumulate in every asylum; yet it will be observed that this institution was nearly filled with such at the outset. Nevertheless, under circumstances as unfavorable even as these the operation of the Hospital has been satisfactory and encouraging.

From the remarks prefacing the introduction to the statistical tables we make the following extract:

“Since the opening of the institution it has been the constant aim of its officers, under direction of your Board, to carry out, as far as could be, consistent with safety, the principle of depending upon moral means, upon kindness and vigilance, and of dispensing as far as possible with physical force and restraint. In accordance with that design, at an early period in the first year of its existence that important change was made which was spoken of in the last report, of substituting comfortable and pleasant rooms for the barbarous and prison-like cells which had been provided for the use of furious patients—a change which has received the approval of some and the condemnation of others, but the utility of which, I am happy to say, another year’s trial has only the more strongly confirmed. It seems to me that, in forming an opinion regarding the character of a hospital, the best and fairest estimate is to be made from the care which it bestows upon this very class for whom those strong rooms of ours were designed, the incurable, the furious, and the filthy. The interesting cases, the convalescent, the gentlemanly and lady-like patients, with merely a few harmless delusions which offend no one, will be treated with kindness and attention every where, both in hospitals and out of them. Many of them are agreeable and amusing associates—all of them are in just the situation to gain our sympathies and interest. And the hospital can not be worthy of the name where they do not meet with kind friends, attentive nurses, and zealous physicians. But to regard with affectionate interest those whose revolting manners and habits make association with them repugnant and offensive,—to maintain our zeal and anxiety to improve those whose condition appears so nearly hopeless as do the cases of confirmed dementia,—to bear with gentleness and return with kindness the abuse and violence of the maniacal, requires higher powers and a more lofty sense of duty. If the latter class are well cared for,—if seclusion and mechanical force are the exception instead of the rule, and are never used to save trouble,

but only when deemed beneficial,—if means are taken to employ them, although their labor may be of no value, and to amuse them, although they are incapable of affording any gratification in return,—if pains are taken to treat them with courtesy and attention, although the only return may be ingratitude,—then the probability is strong that the former class also are well provided for. But it may be asked, is there any real, substantial gain from such a course of attention to the demented and chronic violent class? If there were no other reason than this, that occasionally one of this class, who has been long looked upon as entirely hopeless, has recovered, it would be sufficient. There are instances on record of the recovery, after a long period of years, of patients in every form of insanity, except where obvious organic change has taken place in the brain—and *post-mortem* examinations have demonstrated that the latter class of cases is exceedingly small. Should not the thought, then, that the difference between a dungeon and a pleasant chamber, between bonds and kind hands, between solitude and pleasant words and faces, reading and exercise, may decide between hopeless dementia or mania and a return to reason,—should not this thought inspire us to new efforts, and forbid us ever, from motives of economy or indolence, to give up this class to strong rooms and bonds, to solitary confinement, and the many vices which it brings? But, aside from this motive, our experience since the opening of this Hospital has conclusively shown us that the condition of the whole class is materially improved by attention. The difference between the very lowest form of dementia and the class next above is sufficiently great to repay almost any amount of labor that may be necessary to prevent patients from sinking into the former. To secure the proper care of this class of patients are needed, in the first place, suitable accommodations for them, pleasant dwelling-places, the comforts of life (as far as they can appreciate them), as much freedom of action, and admission to the air and light of heaven as possible. In the second place, more numerous attendants, and those of the best character and adaptedness to their business. That they should be more numerous, is one of the necessary consequences of allowing greater liberty to those of whom they have the care; but it is no less important that they should be selected, not for their physical superiority, nor even for their courage and determination, but for the more gentle and kindly qualities of the heart. An attendant of ordinary tact, and having the average share of patience and forbearance, might get along well enough with the convalescent, and with the quiet, neat, and pleasant monomaniac; but here are needed pre-eminently the best qualities of mind and *soul*,—unwavering patience, invincible gentleness. Thirdly, the whole require the more frequent and closer inspection of the supervisory power, and for this reason must be convenient at hand, and where they can not fail to command his attention. On this account, the plan of placing the violent and demented insane in a separate building, or in a very remotely situated hall, can not, I think, be too highly deprecated. Nothing should be done which will look like putting them out of the way, where they can do as little harm as possible, and can annoy us the least. We must look the difficulties which attend their management boldly in the face, and must have them where we can not overlook them."

The annexed table exhibits the results of treatment during the year.

	Males.	Females.	Total.
Remaining, Nov. 30th, 1854	108	131	239
Admitted during the year	83	84	167
Whole number treated.....	191	215	406
Discharged recovered	34	36	70
" improved	8	12	20
" unimproved	4	10	14
Eloped.....	2	--	2
Died	17	21	38
Whole number of discharges	65	79	144
Remaining, Dec. 1st, 1855.....	126	136	262

The form of mental disease in one hundred and sixty-seven cases admitted was: mania in ninety-five, melancholia in sixteen, monomania in fifteen, and dementia in forty-one. Of those discharged recovered, the average time of residence in the Hospital was one hundred and thirty-four days, the shortest residence eleven, and the longest five hundred and nine.

The general health of the inmates of the institution has been good, and an almost entire immunity from acute disease has been enjoyed throughout the year. Twenty-six of the thirty-eight deaths occurred from chronic diseases. In the remarks appended to the mortuary tables the following very interesting case is reported:

"Among the deaths were those of a mother and her daughter. The latter entered the Hospital April 28th, 1855, with softening of the brain, and died May 25th. None of her family or relatives had ever been known to be insane before. On the day before her death she was visited by her mother, a lady of seventy years, who was deeply affected at the sight of her daughter's condition, and from that moment began to exhibit unequivocal symptoms of insanity. The unfortunate termination of the disease of the first probably led her friends to retain the second as long as possible at home, but on the 2nd of July the latter was placed under our charge. At first exhibiting the usual symptoms of sub-acute mania, she soon became quiet, and gradually pined away without any apparent bodily disorder, and died about two months after her admission. Strange and sad to say, a son, the only surviving child, who visited his mother during her illness, and was extremely anxious and unhappy about her, was soon afterwards attacked with the same mysterious disease. That there was an hereditary taint in this family, though it may have lain dormant through one or two generations, there can be little doubt."

Another singular case is reported—one of periodic mania following the bite of a rabid cat.

“The patient, a lad of sixteen, in perfect, even redundant health, not known to have any hereditary predisposition to insanity, the victim of no evil habits, and of a quiet, simple, frank disposition, though rather nervous and susceptible, was bitten by a furious cat, and almost immediately became insane. His case has been one of periodical mania. Subject to attacks of great violence, which continue two or three days, he is in the intervals calm, quiet, and nearly rational, except for a fixed delusion that he resembles, in the form of his face, hair, and some other respects, a beast. His case is now of several months’ standing, and does not offer at present a prospect of complete recovery. The bite, which was a severe one upon the thumb, healed kindly.”

VII. *Reports of the Trustees and Superintendent of the Butler Hospital for the Insane. Presented to the Corporation at their Annual Meeting, January 24th, 1856. Providence, R. I., 1856.*

There is no greater obstacle to the more extended usefulness of institutions for the insane than the ignorance which so generally prevails in regard to their object and purpose. Their curative character seems recognized only to a limited extent; and, regarded rather as custodial establishments, the inmates of which, it is true, “sometimes get well,” they become dernier resorts, to which the insane are consigned when too troublesome to be retained elsewhere, or when the patience and sympathy of friends are exhausted. These ideas, of course, tend to destroy confidence in institutions and their officers, greatly increase the weight of the affliction, and operate directly against the best interests both of patients and friends.

The publication of annual reports subserves an important purpose in removing these very prevalent but erroneous views, and can be made the means of conveying to the public an amount of information in regard to insanity, in all its relations, which can be as readily disseminated in no other way. The later reports of Dr. Ray have in this respect been eminently useful, and we feel that we cannot occupy the pages of the Journal more advantageously than by making extracts as freely as our space will permit.

In the last report attention was called to some of the advantages possessed by hospitals in the treatment of insanity over any possible arrangement in a private family. In the present the same subject is again introduced to preface some remarks in reference to the duties incumbent upon the friends of patients.

“Another duty incumbent on the friends is to refrain from visiting the patient when so advised by the officers of the hospital. Every one recognizes in the abstract the impropriety of indiscriminate visiting, but imagines that his own particular visit will be an exception to the general rule. They are firm in the belief that it cannot prove prejudicial, and may be highly salutary. Persons who have had much to do with the patient, nursed him in the first stage of the attack, and succeeded better than any one else in controlling his movements, feel hurt at the idea of their visits proving injurious; and if they seem to assent to our views, it is with a very bad grace, and they go away full of complaint at what they are pleased to consider, not merely an unnecessary degree of caution, but a high-handed denial of their rights. The clearest and fullest statement of reasons will seldom prevail against a feeling which is not very remote from that of wounded vanity. Besides, they may have come some distance, and, perhaps, at some inconvenience, with their hearts fully set on an interview; and to allow any risk of the patient's welfare to offset their disappointment would require a degree of self-denial not remarkably common.

“This is a matter of so much importance, modifying, as it often does, the result of our efforts, that I feel constrained to speak of it with unmistakable plainness. Many persons who would not think for a moment of interfering with our medication, show no scruple in setting up their judgment against ours in regard to the effect of an interview with the patient. Indeed, they scarcely recognize our right to have any opinion at all on the subject, if it differs from theirs. Now, if there is anything in the management of the insane respecting which our position and experience give us peculiar facilities for arriving at the truth, and warrant us in being a little tenacious of our opinion, it is the moral treatment, and that includes, of course, the visits of friends. If here our advice is worth nothing, then our judgment upon any other point may and ought to be disregarded. An act of greater practical inconsistency can hardly be imagined than that of humbly deferring to our opinion in the matter of drugs, and setting it at naught in some of the most delicate points of moral management.

“A plain statement of the case may not avail much with those whose feelings lead them to different views, but it will serve our present purpose to give it. One of the advantages possessed by hospitals over every other means of treating the insane is, that it secures most perfectly their seclusion from whatever tends to produce excessive emotion. While at large, the patient is every moment exposed to circumstances that maintain the morbid activity of his mind and strengthened his aberrations; and in his diseased condition, almost every thing in which his feelings are deeply interested has this effect—especially those which, when well, were a source of unmingled gratification. In the hospital, on the other hand, he is beyond the reach of all these causes of excitement, and thus nature is allowed to exert its healing influences without let or hindrance from without. Quiet, silence, regular routine, take the place of restlessness, noise, and fitful activity; and, instead of receiving a variety of impressions calculated to excite and distract, he moves in a certain monotonous round which, however disagreeable to others, is absolutely necessary to

the restoration of a disordered mind. To a person laboring under any degree of maniacal excitement, and to many of those also whose aberrations are of a depressing character, the sight of old friends, after a long separation, stimulates the mental movements already beyond control. By calling up a host of old associations, by exciting painful suggestions, and thereby, perhaps, plunging the mind into a chaos of conflicting emotions, the vital movements of the brain are precipitated, the excitement which had been allayed by the temporary seclusion is kindled afresh, and thus the hold of disease is strengthened. The dearer the friend, the greater the emotion. The same person who would meet a stranger with comparative indifference might be agitated beyond control by the sight and conversation of those who are bound to them by all the ties of blood and affection.

“It is a great mistake to suppose that the insane are injuriously affected only by such as they dislike, and that the visits of those to whom they are tenderly attached cannot be otherwise than soothing and salutary. It is not so much the character as the strength of the emotion which does the injury; and, therefore, even the pleasing as well as the painful emotions may, by means of the associations connected with them, prove too much for the disordered reason. So susceptible is the patient rendered by the extreme irritability which is a marked feature of insanity, that the sight of a bundle of old clothes from home has been known to cause a relapse after convalescence was supposed to be established. If, then, a friend, with words of comfort and encouragement, may exert a prejudicial effect, we can conceive, in some measure, of the mischief that may be produced by injudicious conversation. True, every one scouts the idea of saying any thing improper; but, with the best intentions, perhaps, they, nevertheless, often do say things which leave an unhealthy impression on the patient’s mind. In fact, it could not well be otherwise. Few know how to communicate with a disordered mind, because few have the means of knowing precisely what will and what will not affect it unpleasantly. To suppose that they have would be equivalent to supposing them possessed of a description of knowledge which only years of observation of the insane could possibly furnish. And though the tact of a judicious friend might enable him to avoid this evil, what could we expect from the visits of distant relatives or casual acquaintances, whose communications must necessarily be confined to gossip, much of it, perhaps, respecting persons and things in which the patient is deeply interested? One finds it difficult to believe how little prudence is sometimes manifested on these occasions. If pains were taken to say whatever would be most calculated to produce unpleasant impressions, and renew the morbid excitement, the result could not be more successful.

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“How can we tell who, among the many that present themselves, in the case of every patient, can be safely trusted with the delicate duty of seeing and conversing with him? In fact, those who would be most likely to perform such a duty judiciously are generally the least anxious to undertake it, while they are found to be most importunate who are the least able or willing to avoid improper communications.

“Another duty incumbent upon the friends, in the course of their communications with the patient, is to abstain from whatever would weaken his confidence in the men and the measures employed in his restoration. This, at first sight, is so obviously a matter of common sense, that one may well be surprised that the suggestion should be required. It is no new thing, however, for people to place an object before them as worthy of their utmost endeavors, and thenceforth take every means in their power to defeat it. This kind of practical absurdity is not unfrequently witnessed in the management of the patient on the part of the friends. At much expense of time and money they have placed him in the hospital for the benefit of its treatment, and thenceforth they contrive, consciously or not, at every visit, to leave an impression on his mind unfavorable to those who have charge of him. If, on a previous occasion, it has been thought best that they should not see him, the fact is duly reported to him on the first opportunity that offers, and an act which was designed entirely for his good is presented in an odious light. The current of his feelings is turned. Instead of continuing to regard the officers of the hospital as his friends and benefactors, endeavoring to restore him to his former happiness, he learns to look upon them as standing between him and his friends, and bent upon depriving him of the most innocent gratification. Confidence and regard are turned into hostility and distrust, and the influences around him are poisoned at their very source. Conduct like this has always been among the most disheartening incidents of our course, because it is very common, very mischievous, and without remedy.

* * * * *

“It seems to be impossible for some people to appreciate the motives that lead us to discourage indiscriminate visiting. When advised not to see a patient, they feel as if they were debarred from exercising an inalienable right, and from learning something which they ought to know, and which we are desirous of concealing. Hard feelings are produced, harsh remarks are made, a story passes round, and we are actually regarded by many worthy people as having committed an outrage on the rights of humanity. Even those who have seemed to be convinced by our reasons, and disclaimed all desire to see the patient contrary to our advice, will, not unfrequently, go away and fill the community with their complaints. Now, a duty is no less binding because it is invidious, and we must continue to perform it, though, by so doing, we shall, no doubt, reap a fruitful harvest of displeasure. We speak with some degree of feeling on this subject, for we have had abundant experience of the evils that flow from it—excitement rekindled, depression and wretchedness deepened, and improvement which it had taken much time and care to effect suddenly disappearing. Now, inasmuch as we had no part in framing those natural laws which regulate the movements of disease, and can have no conceivable interest in keeping asunder those who would rejoice in meeting one another, it is not very obvious why we should be blamed for an honest judgment respecting the probable consequences of such an interview. Our only motive is to promote the welfare of those under our charge; and it is one of the discouraging parts of our vocation to see, as we sometimes do, patients

doing well, and needing only a continuance of quiet and seclusion to effect their complete recovery, repeatedly relapsing in consequence of the visits of relatives and friends."

The following is the numerical statement of the results for the year 1855 :

	Males.	Females.	Total.
Remaining, Dec. 31st, 1854.....	54	77	131
Admitted during the year.....	22	34	56
Whole number treated.....	76	111	187
Discharged recovered	20		
" improved	15		
" unimproved	4		
Died	11		
Total number discharged	15	35	50
Remaining, Dec. 31st, 1855.....	61	76	137

VIII. *The Thirty-second Annual Report of the Officers of the Retreat for the Insane at Hartford, Conn. April, 1856. Hartford, 1856.*

The year closing with the report before us, though unmarked by any extraordinary event, has been one of continued prosperity to the institution. The general statistics of the year are thus expressed :

	Males.	Females.	Total.
Remaining, March 31st, 1855	85	108	193
Admitted during the year.....	70	87	157
Whole number treated.....	155	195	350
Discharged recovered.....	18	41	59
" improved	17	28	45
" unimproved	10	13	23
Died	12	14	26
Total number discharged	57	96	153
Remaining, April 1st, 1856	98	99	197

Of the deaths, four were from epilepsy, one from apoplexy, four from consumption, one from old age, one from general debility, two from general paralysis, five from exhaustion, one from disease of the brain, four from diarrhœa, one from suicide, one from erysipelas, and one from purpura.

Dr. Butler's report is full and interesting. The homicide at Woodbridge, Conn., resulting in the violent death of several persons, with

the particulars of which our readers are familiar, suggested the following remarks :

“An experience of sixteen years as a superintendent of an asylum for the insane, and frequent and extensive observation of this form of disease for a longer period, have essentially modified my early views in regard to the safety and expediency of reposing any great amount of confidence in the power of self-control in that large class of the insane whose delusions are strongly marked, or who, from any cause, or under any circumstances, are liable to become excited, or who, from peculiarity of temperament or disorder, are easily provoked. We frequently see delusions which have been held in check unexpectedly showing themselves without apparently satisfactory causes—‘cropping out,’ as geologists would say, without any indications in the ordinary formation of the daily life to lead us to anticipate it. Patients who have been quiet and inoffensive for a long time sometimes become suddenly and unexpectedly excitable and violent ; and others have often, afterward, confessed to impulses to violence, requiring a strong effort of the will to restrain. In all cases wherein decided delusion exists, no period of quietude and self-control should induce us to overlook the existence of this latent power, which may, at any time, break out from the feeble mastery holding it in check, and run wild in mischief. The presence of this powerful and irresponsible agent should never be ignored.

“The continued existence of the disease implies a correspondent diminution of the power of self-control ; for the longer the delusion exists, the more permanency it acquires, and a greater relative power over the gradually diminishing ability of resistance. A new cause or combination of causes, beyond foresight or control, may at any time call this disease into new action. With all this there is, of course, a corresponding diminution of legal as of real responsibility. I confess that I look with increasing distrust upon the larger liberty which, even in some of our institutions, it has been customary to give to the insane. * * * Certain it is that persons furiously insane have no right to go at large, and delay to restrain them is culpable and dangerous, and yet such cases are frequently brought under our observation, where, for a long period previous to their apprehension, they have been dangerous both to person and property. * * * The tragic events of the past year, within our own state and elsewhere, should teach the community that delay in restraining furious maniacs is a most perilous folly.”

IX. *Report of the state of the New York Hospital and Bloomingdale Asylum for the year 1855.* New York, 1856.

The general history of the Bloomingdale Asylum for the year 1855 presents no remarkable variation from its previous management and success. From the Report of Dr. Brown we gather the following statistics :

	Males.	Females.	Total.
Remaining, Jan. 1st, 1855	50	77	127
Admitted during the year	59	48	107
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Whole number treated.....	109	125	234
<hr/>			
Discharged recovered	27	25	52
“ improved.....	5	8	13
“ unimproved	7	16	23
Died	14	5	19
<hr/>			
Total number discharged	53	54	107
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Remaining, Jan. 1st, 1856.....	56	71	137

“Of the patients removed before any mental improvement was observed, only nine were regarded as remediable cases at the time of admission, and of these, six remained in the Asylum less than two months ; two others, three months ; and one, eight months.

“Five patients died within a week after arrival, and two others within twenty days. The various deaths may be referred to pulmonary consumption in *two* cases ; to epileptic apoplexy in *one* ; to serous apoplexy in *one* ; to gradual decay incident to some forms of insanity in *three* cases ; to disease of the kidneys in *one* ; to suicide in *two* ; to general paralysis in *four* ; and to exhaustive mania in *five*.”

X. *The Report of the Resident Physician of the New York City Lunatic Asylum, Blackwell's Island, for the year 1855. New York, 1856.*

The New York City Lunatic Asylum, it will be remembered, is located upon the northern extremity of an island, the remainder of which is occupied by various penal institutions. For twenty-one years the disgraceful practice prevailed of compelling criminals from the latter to act as attendants in the former. Dr. Ranney has for some time been zealously endeavoring, though in the face of much opposition, to remove these convicts from the institution, and, we are pleased to see, has finally succeeded. He remarks : “The most decided improvement ever made in this Asylum has been consummated the past year. I refer to the entire removal of prisoners, not only from their immediate connection with the insane, but from the institution.”

“The effect of this change is very marked. The patients can be allowed greater liberty without the danger of their mingling with improper associates; are much more quiet and orderly in the halls; the drunken revels of prisoners occasionally occurring at night, and which could not be prevented, are no longer heard, and the general appearance of the institution has assumed a character more in accordance with its high and holy objects. It is a necessary substructure for future improvements.”

The statistics for the year are as follows :

	Males.	Females.	Total.
Number of patients, Jan. 1st, 1855.....	245	310	555
Admitted during the year.....	163	208	371
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Whole number treated.....	408	518	926
Discharged recovered.....	200		
“ improved.....	42		
“ unimproved.....	11		
Died	57	43	100
<hr/>			
Total number discharged	170	183	353
<hr/>			
Remaining, Dec. 31st, 1855.....	238	335	573

XI. *Thirteenth Annual Report of the Managers of the State Lunatic Asylum at Utica. Transmitted to the Legislature, February 9th, 1856. Albany, 1856.*

This institution, large as it is, has for several years past been wholly inadequate to the wants of the state. In his report to the Managers, Dr. Gray states that the daily average under treatment throughout the year has been twenty-seven above the capacity of the Asylum, and that this excess during the summer months reached fifty; and yet, notwithstanding the large number treated, one hundred and sixty-seven applications for admission were refused.

The annual statistics would in themselves, without note or comment, constitute a valuable and instructive report. The history of the past year is as interesting as that of former ones, and deserves a lengthy notice. Our space, however, permits us to give only the general statistics and a few paragraphs of professional interest.

	Males.	Females.	Total.
Remaining, Nov. 30th, 1854	226	224	450
Admitted during the year	169	106	275
Whole number treated	395	330	725
Discharged recovered	70	58	128
" improved	10	5	15
" unimproved	50	29	79
Not insane	15	1	16
Died	20	12	32
Total number discharged	165	105	270
Remaining, Nov. 30th, 1855	230	225	455

“The sixteen reported as not insane, were cases of feigned disease, congenital imbeciles, boys who from defective domestic training were ungovernable in their passions (and whom, for want of a better term, we style moral delinquents), and persons of intemperate habits who sought, voluntarily, or at the suggestion of friends, seclusion as a means of reformation, or were brought to us laboring under attacks of delirium tremens, mistaken for maniacal disease.

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“Simultaneously, or nearly so, with the prevalence of dysentery in many of the cities and larger villages of this state, an epidemic of that disease made its appearance here. The first case occurred on the third of August, and cases occurred from that date until September fourth, when the disease in its epidemic form disappeared. Eighteen males and sixteen females were attacked, all of whom recovered. The disease was characterized by great prostration of strength, and in a number convalescence was very slow and tedious. Diarrhœa prevailed in the male wings during the greater part of the year, while among the female patients but ten cases occurred, all coincidently with the epidemic above referred to.

“In some of the most severe cases of dysentery and pneumonia, in patients laboring under acute mental disease, convalescence from the latter commenced with the invasion of the former, and was permanent.”

The mortality is very low indeed—below that of the last eight years—being only 4.44 per cent. on the whole number treated, and 6.87 per cent. on the average population. The following table, showing the causes of death and the form of mental disease, is so concise, and at the same time comprehensive, that we give it as tabulated.

FORM OF MENTAL DISEASE.	CAUSE OF DEATH.																	
	Exhaustion from men- tal disease.		General paralysis.		Epilepsy.	Suicide.	Phthisis pulmonalis.		Cardiac disease.		Œdema of lungs.		Ovarian disease.	Old age.	Intemperance and vice		Typhoid fever.		Total.
	M	F	M	M	M	F	M	F	F	M	F	M	M	M	M	M	F	
Dementia	4	2	3	2	..	5	1	1	1	..	11	8	
Acute mania	2	1	1	1	..	1	..	..	..	..	..	..	..	1	5	2
Periodic mania . . . . .	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Chronic mania . . . . .	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Melancholia	1	..	..	..	1	..	..	..	..	..	..	..	..	..	2	..
Senile dementia . . . . .	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	1
Total	7	3	4	3	1	6	2	1	1	1	1	1	1	1	20	12		

A case reported as one of homicidal mania occurred in a man laboring under disease of the heart, and subject more or less to hypochondriasis, with periods of exhilaration followed by depression. During the stage of depression he was haunted with the idea of destroying his wife and children. He could offer no reason except that he felt impelled to the act while with them. He has at all times realized his situation, and, fearing he might not be able to control himself, requested to be placed under restraint.

Insanity was inherited from the paternal branch of the family in thirty-one cases, seventeen males and fourteen females; from the maternal branch in thirty-nine cases, twenty-six males and thirteen females; from both in six cases, four males and two females. Ten in whom no hereditary predisposition could be traced had insane relatives.

XII. *Annual Reports of the Officers of the New Jersey State Lunatic Asylum at Trenton, for the year 1855. Trenton, 1856.*

Twenty-four more patients have received the benefits of this institution, and ten more have been discharged recovered, during the past than in any former year, showing that it is becoming increasingly useful with the increase of its capacity and facilities for the care and cure of the insane.

The general statistics are presented in the following table.

	Males.	Females.	Total.
Patients in the Asylum, Jan. 1st, 1855.....	107	106	213
Admitted during the year	58	81	139
Whole number treated.....	165	187	352
Discharged recovered	28	39	67
“ improved.....	14	14	28
“ unimproved	3	..	3
Escaped	1	..	1
Died	12	8	20
Total discharged	58	61	119
Remaining, Dec. 31st, 1855.....	107	126	233

“Death occurred in five cases from general exhaustion, in five from consumption, in two from congestion of the brain, in two from dysentery, in one from dropsy, one from palsy, one from apoplexy, one from epilepsy, one from inflammation of the bladder, and one died suddenly from causes not ascertained, though probably from sudden rupture of an internal blood-vessel, or from effusion into the lungs or about the heart.”

XIII. *Report of the Pennsylvania Hospital for the Insane, for the year 1855. By Thomas S. Kirkbride, M. D., Physician to the Institution. Philadelphia, 1856.*

The date of the above report of this institution closed another year of great usefulness and success. Although its wards were constantly filled, and often crowded to the extreme limit that prudence would permit, nevertheless, many applications for admission were necessarily refused, and numbers were compelled to look elsewhere for relief, or remain permanently in their unfortunate position at home.

The statistics for the year are as follows :

	Males.	Females.	Total.
Remaining, Jan. 1st, 1855	117	106	223
Admitted during the year.....	83	93	176
Whole number treated.....	200	199	399
Discharged cured.....	101		
“ much improved.....	13		
“ improved	23		
“ stationary.....	11		
Died	12	9	21
Total number discharged	80	89	169
Remaining, Jan. 1st, 1856	120	110	230

“Of the deaths, five resulted from acute mania, two from organic disease (softening) of the brain, four from tubercular consumption, one from the exhaustion arising from long-continued refusal of food, three from chronic diarrhoea, one from paralysis, one from congestion of the brain, one from old age, one from epilepsy, one from suicide, and one from abscess.”

The following remarks of Dr. Kirkbride, in reference to the nature of annual reports, and the end to be met by their publication, are so pertinent that we copy them entire.

“In making up the annual reports of hospitals for the insane, it is quite natural to expect some similarity in their general character, and something like repetition in their details. Each period, however, adds to the mass of facts, and the value of these must always depend upon their number, and the intelligence and accuracy of their observers. It is also to be remembered, that every year gives a new class of readers for these publications, who, while feeling an interest in the insane, and in institutions for their treatment, would scarcely be satisfied with the meagre details of what was absolutely and entirely new in the history of an institution. These reports, too, being constantly called for as reliable sources of information, by those who are interested in knowing the character of our hospitals, and desirous of learning something of the general principles of treatment now adopted, quite as much as the simple statement of how many cases have been admitted or discharged in any particular year, I have always deemed it desirable to refer more fully to many of these points, in successive reports, than would otherwise seem necessary or important. Carefully prepared reports of institutions for the insane have for many years been probably the most effective agents in diffusing a knowledge of the true character of insanity, the proper principles of treatment, and the requirements of well organized hospitals, and there seems to be but little argument required to show that the best interests of the afflicted are promoted by their general diffusion in any community. The idea that what is perfectly familiar to those who are directly connected with hospitals, or in frequent intercourse with their patients, is equally so to any large portion of the people of any section of this country, is as erroneous as it is unfortunate, of which any one may be convinced who will assemble a large company, taken indiscriminately from any profession or calling, and listen to their observations and inquiries when examining the arrangements of a modern hospital for the insane. The object, therefore, of diffusing a general knowledge of the actual operations of these institutions, and enlightening public opinion on a subject in which every one has a real interest, ought always to be a sufficient apology for whatever might otherwise be regarded as uncalled-for minuteness, or seeming repetition.”

XIV. *Thirty-ninth Annual Report on the state of the Asylum for the relief of Persons deprived of the use of their Reason.* Phila., 1856.

The general statistics of the year, as presented by Dr. Worthington in his Annual Report to the Contributors, are as follows :

	Males.	Females.	Total.
Remaining, 1st Third Month (March), 1855.	24	35	59
Admitted during the year	24	11	35
	—	—	—
Whole number treated	48	46	94
Discharged restored	14		
“ much improved	2		
“ improved	5		
“ stationary	3		
Died	4		
Total discharged	—		28
			—
Remaining, Third Month, 1st, 1856			66

“One man and three women have died during the year. The first was in his eightieth year, and died from the effects of old age; one of the women was seventy-nine years of age, and died of paralysis; the second was seventy-seven years old, and died of exhaustion from long-continued excitement; the third was in her nineteenth year, was deaf, dumb, and idiotic, and died of an attack of diarrhœa.”

XV. *The Thirteenth Annual Report of the Mount Hope Institution, near Baltimore, for the year 1855.* Baltimore, 1856.

In the introduction to his annual report Dr. Stokes remarks : “In the *thirteen years* that we have enjoyed the privilege of presenting the annual record of the general condition of the institution, no one has been more characterized by such an even, steady growth in prosperity and usefulness as that just closed.”

The general results of treatment are presented in the following table.

	Males.	Females.	Total.
Remaining, Dec. 31st, 1854	56	91	147
Admitted during the year	49	46	95
	—	—	—
Whole number treated	105	137	242
	—	—	—
Discharged recovered	19	7	26
“ improved	25	36	61
“ unimproved	8	11	19
Died	7	7	14
	—	—	—
Total number discharged	59	61	120
	—	—	—
Remaining, Dec. 31st, 1855	46	76	122

In the following paragraph we have a very good description of an interesting form of epilepsy occasionally met with, though not very frequently in public institutions in its earlier stages. Referring to the character and frequency of seizures in epilepsy, Dr. Stokes remarks :

“In some the fits amount only to slight dizziness, or vertigo, which hardly takes away consciousness. Yet, in many such cases, the effect of these scarcely perceptible seizures is to modify completely and deeply the mental operations, and the moral character and disposition of the individual. The man seems for a time to undergo an entire moral transformation. In a case now under treatment, the person, whose attacks seldom amount to spasms, or even a distortion of the features, but in whom the loss of consciousness is complete for the time, would really seem to possess two natures. His life presents two decidedly distinct phases ; the one embracing a period of a week preceding or following these attacks, during which he is suspicious, timid, apprehensive of plots to destroy him, malicious, and vindictive. He is then irritable and imperious, violent and gloomy. In the other phase, in a manner normal, his character manifests itself under an entirely different aspect, exhibiting the capacities of a man in possession of good sense, and free from all extravagance. In this instance we have this mysterious malady displayed under one set of symptoms, and it is a form of epileptic disease pre-eminently deserving the consideration of juriconsults. In others all the senses are locked up for the time, and the physical system is racked with convulsions horrid to behold. As a general thing these persons are unconscious at the time of the fit, and after apparently suffering the most frightful tortures, wake up and inquire of those around them what has happened. A very few have a short warning of the coming on of a fit, but generally they know nothing of it except as they are told by others. Most epileptics, like the victims of consumption, enjoy the pleasing delusion that they are getting better, and that no obstacle exists to their complete restoration.”

XVI. Report of the Superintendent of the Government Hospital for the Insane.

In a previous number of this Journal* we presented, in connection with the speech of Hon. John G. Davis, of Indiana, in the House of Representatives, the earlier history of the Government Hospital. In the subjoined extract from the report of Dr. Nichols to the Secretary of the Interior, we have an account of its operations for a period of nine months immediately following its opening.

“The house was organized on the first of January, 1855, and domestic preparations for the reception of patients were at once commenced. The first patient was received on the 15th of the same month, and between that time and the 30th of June following sixty-three patients

* April, 1855. Vol. xi, p. 358.

were received. Fifty-one of these patients were removed from Baltimore, where the indigent insane of the district had been maintained by the government for many years, and eleven were sent to the institution by the marshal of the district, and the remaining one was a United States soldier, who was received on the order of the Department of the Interior.

“Sex and color of patients under treatment, between January 1st and June 30th, 1855 :

“ White males	21	
White females	35	
	—	56
Colored males	5	
Colored females	2	
	—	7
		—
Grand total		63

“Three white females were discharged in the same period, who were considered *well*.

“There were no deaths nor other discharges, so that there remained in the house, July 1st, 1855 :

“ White males	21	
White females	32	
	—	53
Colored males	5	
Colored females	2	
	—	7
		—
Grand total		60 ”

XVII. *Report of the Board of Visitors of the Maryland Hospital for the Insane, at Baltimore, to the General Assembly of Maryland, for the years 1854 and 1855. Baltimore, 1856.*

In this report we have presented only a simple statement of the financial condition of the institution, and a record of admissions and discharges. The latter is as follows :

Remaining, Jan. 1st, 1854	117
Admitted during two years	116
	—
Whole number treated	233
	—
Discharged recovered	43
“ improved	29
“ unimproved	25
Died	25
	—
Total discharges in two years	112
	—
Remaining, Jan. 1st, 1856	121

XVIII. *Report of the Officers of the Mississippi State Lunatic Asylum to the Legislature.* Jackson, 1856.

This institution is located at Jackson. The Asylum building is of brick, covered with stucco, is warmed by steam, and lighted by gas manufactured upon the premises. It has attached to it a farm of one hundred and forty acres, has accommodations for one hundred and eighty patients, and has cost about \$165,000.

From the report of Dr. William S. Langley, the medical superintendent, we learn that the Asylum was opened for the reception of patients on the eighth of January, 1855. From this date to December thirty-first of the same year, seventy patients were admitted. Of this number, nineteen have been discharged, seven were restored, three improved, four eloped, and five died. Of those who died, all were hopelessly diseased before they were admitted—three having survived but a few days after they reached the Asylum.

XIX. *Report of the Eastern Lunatic Asylum, in the City of Williamsburgh, Virginia, 1853-4 and 1854-5.* Williamsburgh, Va., 1856.

The general statistics of this institution for the two years ending September 30th, 1855, are presented in the annexed table :

	Males.	Females.	Total.
Remaining, October 1st, 1853.....	130	88	218
Number of admissions.....	92	68	160
	—	—	—
Whole number treated.....	222	156	378
	—	—	—
Discharged	51	26	77
Died.....	43	26	69
	—	—	—
Total discharged.....	94	52	146
	—	—	—
Remaining, September 30th, 1855.....	128	104	232

It would give us pleasure to notice Dr. Galt's report at some length. In the present number of the Journal, however, we cannot do so, and at the same time do justice to the importance of the subject he has introduced.

XX. *Report of the President and Directors of the Western Lunatic Asylum, 1855.* Staunton, Va., 1856.

The sessions of the Legislature of Virginia having been changed from annual to biennial, a corresponding change has necessarily been made in the publication of the reports of its public institutions.

The president and directors of the Western Lunatic Asylum are able to report very favorably upon its general management, regretting only that its capacity for accommodation has not been commensurate with the demands upon its charity and usefulness. Since the publication of the last report one hundred and forty-one applications for admission have been necessarily rejected.

The statistics are as follows :

	Males.	Females.	Total.
Remaining, October 1st, 1853.....	217	160	377
Admitted.....	90	63	153
Whole number treated.....	307	223	530
Discharged recovered	32	30	62
“ much improved	3	4	7
“ improved	8	4	12
“ unimproved	1	0	1
Eloped	1	1	2
Died	36	22	58
Total discharged.....	81	61	142
Remaining, September 30th, 1855.....	226	162	388

The assigned causes of death in cases terminating fatally were : marasmus, seventeen; paralysis, eight; phthisis pulmonalis, six; epilepsy, four; diarrhoea, four; congestion of lungs, four; pneumonia, two; dysentery, two; exhaustive mania, two; apoplexy, convulsions, hydrothorax, hydrothorax with epilepsy, pulmonary disease, cerebral lesion, typhoid fever, and exhaustion from abstinence from food, each one.

Dr. Stribling urges upon the Legislature the necessity of another asylum for the insane, and recommends that prompt measures be taken to secure a suitable location, and erect a model institution.

XXI. Report of the Regents of the Lunatic Asylum to the Legislature of South Carolina, November, 1855. Columbia, South Carolina, 1855.

There seems to be several obstacles to the successful operation of this institution, the more prominent of which are the insalubrity of its location, and a very serious defect in its organization. The annexed paragraph, from the report of the Regents, exhibits the nature of this defect, and the remedy suggested.

“Our institution differs from all existing ones, so far as we know, in having two officers—a physician and a superintendent—instead of one officer, uniting the attributes of both our chief officers. Every member of the present Board found this anomaly when he entered upon his office, and whatever may have been the opinion of some or of all the Regents, regarding this anomaly, so long as the two officers worked amicably together, no harm seemed to result from it. This harmony, however, has been interrupted, no matter by whom or by what cause. We speak of facts exclusively, and the present organization has shown its defects to such a degree, that your Board found itself obliged to re-organize the chief departments. Nothing has been done rashly. The Regents have matured their ultimate act by a succession of committees, proceeding from the inquiry into the necessity of the change to the adoption of the chief principles to be adopted for the plan, and from these to the organization itself, which is to go into operation, by the election of a chief physician, on the first of February next. By this new organization, one physician will be at the head of the whole institution, emitting the medical and administrative attributes, under the supervision of the Board of Regents. He is to reside within the precincts of the Asylum, and is to be allowed no private practice. We have increased the power of this officer, as we have augmented his responsibilities. In one word, we have made his office similar to the corresponding one of other and distinguished hospitals for the insane.”

Owing to some local cause, either the crowded state of a section of the building, or the insalubrity of the yards and lower stories, or both, the health of the inmates has been seriously impaired, and the rate of mortality greatly increased.

At the commencement of the year there were remaining in the house one hundred and seventy-four patients; sixty-two were admitted, making a total treated of two hundred and thirty-six. Of this number nineteen were cured, fifteen removed, and thirty-one died. In referring to the deaths, the physician remarks: “Fifteen of these, from their enfeebled state, would have died under any circumstances, but their death was hurried on by the improper accommodations of the house, and the unwholesome condition of the yard. The rest suffered from bowel complaint, then prevailing, and were the victims of our want of proper ventilation and arrangements.”

XXII. *Annual Report of the Officers of the Insane Asylum of the State of California, for the year 1855.*

The Asylum at Stockton has been much improved during the past year, and will now compare favorably with similar institutions in the Atlantic states. In proportion to the population, the number of insane

persons in the State of California is very large; and the number in its Asylum shows how rapidly the disease has increased among a people whose distinct existence dates back but six years.

Dr. Reid's reports are very interesting, and well repay perusal. In looking over the complete tables which enrich their pages, one is struck with the singular character of the population from which the inmates of the institution come; and their peculiarities of occupation, habits, customs, and pursuits. Thus, in referring to the table of nativity, we find that thirty-three of the states and territories of the United States, and twenty-five foreign countries, are represented upon its halls.

The annual statistics are as follows :

	Males.	Females.	Total.
Remaining, Jan. 1st, 1855	120	14	134
Admitted during the year.....	184	30	214
Whole number treated.....	304	44	348
Discharged recovered.....	148	20	168
Died	16	2	18
Total number discharged	164	22	186
Remaining, Jan. 1st, 1856	140	22	162

The diseases which proved fatal during the year were as follows : dysentery in three cases; typhoid fever, phthisis pulmonalis, marasmus, paralysis, and epilepsy, in two each; acute mania, mania a potu, puerperal fever, and ascites in one case each.

Among other interesting facts, Dr. Reid notices the prevalence of a peculiar form of mania, with a propensity to self-destruction, which had existed throughout the state for two years previously.

XXIII. *Second Biennial Reports of the Trustees, Treasurer, and the Physician and Superintendent of the Tennessee Hospital for the Insane. November 8th, 1855. Nashville, 1855.*

The Tennessee Hospital is now completed according to the original plan, and furnishes accommodation for two hundred and fifty patients. It is warmed by steam, and the entire building ventilated by means of a centrifugal fan driven by a steam engine.

Dr. Cheatham reports, that "the general health of the entire establishment for the last two years has been remarkably good. No epidemic of a malignant character has visited the institution. Cholera

prevailed in Nashville and the neighborhood during the months of June and July, 1854, to a considerable extent, yet we escaped entirely. Dysentery, during the last and preceding summers, prevailed in many portions of the country in a malignant form. At one time during the last summer we were seriously threatened, and many of our household attacked, but all fortunately recovered."

The statistics are presented in the following table :

	Males.	Females.	Total.
Remaining, Oct. 1st, 1853	62	38	100
Number admitted	64	28	92
Whole number treated	126	66	192
Discharged restored	40		
" much improved	13		
" improved	7		
" unimproved	12		
Died	15		
Total number discharged	63	24	87
Remaining, Oct. 1st, 1855	63	42	105

Of the deaths, two occurred from exhaustion following acute mania, one died of chronic diarrhœa, one of acute meningitis, one from an apoplectic seizure, and one from the effects of a fall. In three cases marasmus is the assigned cause, epilepsy in two, and consumption in four.

XXIV. *Annual Reports of the Commissioners and Superintendent of the Indiana Hospital for the Insane. November, 1855. Indianapolis, 1856.*

Though an unusual amount of sickness existed in the immediate vicinity of the institution, the general health of its inmates has been usually good. The results of treatment, which are very favorable indeed, are given in the following table :

	Males.	Females.	Total.
Remaining, Oct. 1st, 1854	73	87	160
Admitted during the year	79	92	171
Whole number treated	152	179	331
Discharged recovered	52	63	115
Died	12	8	20
Total number discharged	64	71	135
Remaining, Oct. 31st, 1855	88	108	196

In the cases terminating fatally, maniacal exhaustion was the assigned cause of death in three, and pulmonary consumption in the same number; typhomania, tabes mesenterica, and gastro-enteritis in two cases each; general paralysis, erysipelas, purpura hemorrhagica, dropsy, inflammation of the brain, acute dysentery, apoplexy, and epilepsy, in one case each.

The inability of the Indiana Hospital to meet the wants of the state is shown by the fact that the applications for admission on file at the date of the last report, and the number of those previously discharged as *chronic* cases, amounted to more than six hundred. In referring to these the superintendent remarks: "Our arrangements should be ample enough to make the Hospital their home until they either get well or die, then these pitiable objects would have a fair chance for their lives; there would be more cures effected, and a less number of insane in the country."

Dr. Athon very properly enters his protest against attempts on the part of counties to prepare and fit up apartments at the poor-houses for their incurable insane. Nothing can be said in favor of such a course. Aside from the impossibility of securing proper medical and moral treatment in such places, it is established as a *fact* that the poor-house policy tends directly to increase the number of insane in the state, and, in a majority of cases, simply substitutes the expense of a life-long maintenance for the comparatively trifling sum required to secure proper curative treatment.

The abuses which inevitably follow attempts to make such provision are innumerable. At first, "accommodations" are provided at the poor-house for the *incurable*, which *accommodations* the "Senate Committee on Poor-Houses" in the State of New York found, as a general thing, to be triangular rooms in the attics, dark corners in the cellar, and *pens* in the yard. Subsequently, with a view of saving the expense of conveying the patients to the state institution, and the additional trifle per week of supporting them there, a detached building is erected, and dignified with the name of "receptacle, or county asylum." Eventually, all the pauper and indigent insane of the county are retained here, except, in some instances, those who are, fortunately, furious enough to render their removal to the State Hospital an act of self-defense.

After a time the county officers are astonished to find their receptacle, with the additions they have from time to time made, filled to overflowing, and its support a large item in their annual expenditure.

But a few years since, Massachusetts began to feel this evil so seriously that steps were at once taken by the Legislature to provide hospital accommodation for all the insane.

Two years ago, in the State of New York, the superintendents of the poor themselves saw the error they had fallen into, and, not to remedy the evil (it was too late for that), but to prevent its extension, earnestly appealed to the Legislature to erect two additional state lunatic hospitals, “so located that they may accommodate the largest number of insane at present unprovided for, and to relinquish the undersigned (the superintendents of the poor) the pain of longer continuing a system fraught with injustice and inhumanity.”

How significant this fact, and what an important lesson it teaches! We sincerely trust that the Western States—the benevolence and wisdom of whose citizens are already exhibited in so many excellently built and well conducted asylums—will profit by the experience and avoid the errors of their sister states at the East.

XXV. *Report of the Board of Managers of the Eastern Lunatic Asylum, at Lexington, Kentucky, for the years 1854-5.* Frankfort, 1856.

Dr. J. R. Allen, the former superintendent of this institution resigned his post on the 1st of October, 1854. Dr. H. Perrin, who had for some years been the assistant physician, assumed the medical charge until April, 1855, when Dr. W. S. Chipley was appointed to the place.

The principal point of professional interest is the history of the epidemic of cholera which prevailed in this institution during the summer of 1855. As this was presented to our readers in full in a previous number of the Journal, it only remains for us to give the usual statistics as embodied in Dr. Chipley’s report.

	Males.	Females.	Total.
Remaining, Dec. 31st, 1853.....	120	81	201
Admitted during 1854 and 1855	117	60	177
Whole number treated.....	237	141	378
Discharged restored	41	8	49
Removed.....	5	7	12
Eloped.....	2	0	2
Died	27	13	40
Total number discharged	75	28	103
Remaining, Jan. 1st, 1856	162	113	275

XXVI. *Seventeenth Annual Report of the Board of Trustees and Officers of the Ohio Lunatic Asylum, for the year 1855.* Columbus, 1856.

The history of this institution for the year 1855 presents nothing of unusual interest. “The entire year,” Dr. Eels remarks, “has been a season of health, and such diseases only as are common to the insane have occurred, with the exception of a few cases of intermittent fever of a very mild type.” The Asylum, however, has been greatly crippled in its operations by a deficiency of the means of support. The limited amount appropriated for its use was entirely exhausted as early as the first of April, leaving the only alternative of returning the patients and closing the Asylum, or effecting a loan on individual security. The Board of Trustees, in this emergency, discharged one-third of the patients, in order to reduce the expenses of the house, and availed themselves of the pecuniary assistance kindly tendered by the Governor. By this means, with two thousand dollars in addition, loaned by the officers, together with credits furnished by merchants and others, the institution was sustained until the close of the year.

The general statistics are as follows :

	Males.	Females.	Total.
Remaining, Nov. 15th, 1854	122	139	261
Admitted during the year.....	95	79	174
	—	—	—
Whole number treated.....	217	218	435
	—	—	—
Discharged recovered	54	56	110
“ improved	12	12	24
“ unimproved	36	36	72
Died	6	7	13
	—	—	—
Total number discharged	108	111	219
	—	—	—
Remaining, Nov. 15th, 1855	109	107	216

Three have died from maniacal exhaustion, one of whom was laboring under phthisis pulmonalis. There was one death from apoplexy, two from organic disease of the brain, two from consumption, one from disease of the heart, one from organic disease of the stomach, one from old age, one from intestinal hemorrhage, and one by suicide.

S U M M A R Y .

MEDICO-LEGAL OPINION GIVEN IN A SUIT IN REFERENCE TO THE NULLITY OF A WILL, BY REASON OF MENTAL ALIENATION.—DEFINITION OF DEMENTIA. BY M. AUBANEL.—The medico-legal opinion here given has reference to one of those cases around which various contending interests and conflicting judgments group themselves. The solution was a difficult one, and M. Aubanel has given evidence of rare acuteness in making apparent from an intricate labyrinth the relations of law and medicine. To all the facts in the case M. Aubanel has attached their appropriate value. He groups them, brings them together, and, separating them from all obscurity, transforms each of them into positive proof. He shows with wonderful perspicuity the numerous modifications of the disease. We see it exhibited at first in the condition of maniacal excitement, then of true mania with an accession of fury, and, at length, in the midst of these confused phenomena, a remission unexpectedly occurring, which might be mistaken for recovery, when, in fact, the patient was already in a state of dementia. The definition and history of dementia is so remarkably clear that we quote it verbatim.

“Dementia is not mania (*folie*), properly speaking, though it often forms its termination. It declares itself, whether followed by paralysis or not, more especially if accompanied by paralytical phenomena, when the cerebral irritation, by its continuity, its persistence, and its intensity, ends by inducing material alteration in the brain. In many cases the symptoms of dementia occur primarily; but, whether it be consecutive to mania, or whether it develop itself as an essential disease, we may consider it, so to speak, as a wearing-out of the brain, as senility anticipated, or as a state of puerility. Mental operations become sluggish, dim, and feeble. Memory, especially that of recent events, is gradually weakened. The patient preserves well the recollection of his name, of his characteristics, and of those things which have pre-occupied his attention, or which constituted the peculiar habits of his life. But even this remembrance is often confused, and it is necessary, ordinarily, to fix his attention, to offer suggestions in order to obtain the

clearness we solicit. Impressions are always more or less fugitive; they are rapidly effaced, leaving but slight traces of their manifestations.

“In dementia there are often momentary emotions of tenderness; tears are aroused on the occasion of a request or remembrance; but they are extinguished in a few moments, and there follows, immediately, in many cases, excessive laughter, a feeling of joy, of satisfaction, and of happiness. The demented person exhibits neither spontaneity nor energy, and thought must be solicited in order to have its manifestations. Volition, that faculty of the first order, is remarkably impaired. It is but a shadow of what previously existed, and it no longer governs, perceptibly, the determination of the individual. From the demented man we may obtain all that we wish; we may guide all his actions; yielding, at one moment, without resistance to those about him, on the very same day, or a period afterwards of greater or less duration, he decides contrary to those promises, and yields to another influence which has been exerted over him, retaining no recollection of what he has promised. Freedom of the will (*le libre arbitre*) is greatly weakened in this form of cerebral affection, and is more so than in mania, properly so called. In mania, an intermission of the disease may occur, or a prolonged lucid interval, as of *a day between two nights*, to quote an expression from D’Aguesseau. Yet, in dementia, though there may be at times suitable replies and moments of clearness on various subjects, true intermission is impossible, and never occurs. The unimportant manifestations here mentioned are not to be confounded with the lucid intervals recognized by law, where thought resumes all its energy, volition all its control, and intelligence its power and perspicuity. Some authors have conceded an intermittent dementia; but that form of disease which they have designated under this name is nothing other than intermittent mania, or, properly speaking, a form of acute dementia which bears no resemblance to chronic dementia, and which modern science denominates *stupidité*. Psychologists have had reason to distinguish these two forms of disease as essentially different from each other, for the reason that intermission is sometimes observable in the former, and never in the latter. Dementia is, sometimes, susceptible of amelioration, but this alteration is far from permanent. It constitutes only the semblance of cure; and if the patient is carefully watched during these periods, though so happy in appearance, there is always discernible a lesion, more or less marked, of the will, and an impairment of the intellect.

“Such are the principal characteristics in various degrees which the mental faculties present in dementia. To appreciate, fully, the moral characteristics indicated it requires acquaintance with them, and experience derived from observation. We can form no judgment from a first visit, nor a single interrogation; it is necessary to prolong the examination for several days, to scrutinize all the daily actions of the patient, and to live, as it were, with him, in order to understand his mental condition. Domestics, parents, persons living in the house are excellent judges, and, though the interest which might govern them in their declarations, as well as other causes of error which could deceive them, should be taken into account, all the information which they are able to furnish ought to be most carefully gathered.”

M. Aubanel completes this definition of dementia by a statement of the opinions of other physicians, of Pinel, Esquirol, Foville, Calmeil, and adds those of lawyers, of D'Aguesseau, and especially that of M. Sacaze, counselor at the court of appeals at Amiens, who, in an excellent memorial upon “Insanity, considered in its connection with Civil Capacity,” recognizes in mental alienation two principal forms, one where there exists passive impairment of the understanding characterized by cerebral weakness, and the other where there is an active lesion marked by irregular exuberance of manner, or increased intellectual activity. In the form first mentioned lucid intervals are not to be expected. D'Aguesseau has already maintained that rational periods, possible in some varieties of mania, were never to be observed in dementia, and that the lucid moments, admitted by the Roman law, had reference to the form of mental disease first mentioned above, and not to those who are *mente capti*.

Apropos to the work of M. Sacaze, which we have cited, M. Aubanel justly accords a tribute of praise to this distinguished jurisconsult, who deplores the practice magistrates have of never recurring in civil matters to the experience of physicians having care of the insane, and alone competent in questions of this nature; and he considers, with reason, magistrates' examinations and inquests as insufficient, in many cases, for the recognition of insanity. He would, for example, in affairs relative to a question of lunacy direct that a physician to the insane should be previously employed to study the capacity of the patient, to scrutinize his ideas, to analyze his predilections, to investigate his anterior condition, to seek for the moral and physical causes which could have affected his reason, to trace out unusual acts which

may have struck the observation of his friends, and to inform himself of the character of those acts and their frequency. The judicial examination, he says, should never take place until after the report of this special expert. Error would then no longer be possible, magistrates having to guide them a certain scientific basis. M. Sacaze endeavors, with reason, to demonstrate the advantages civil justice would derive from following the example of criminal justice, which, in most of the cases where insanity is suspected, has recourse to eminent persons in medical science accustomed to observations of the insane.—*Gazette Médicale*.

DELUSION AND SUICIDE.—We have gathered the following particulars of a case of suicide recently occurring in England, from an English newspaper. The point of interest in the case is the clear definition of the delusion in the mind of the unfortunate man which led to his death. The deceased, at the time of his death, was confined in the Gloucester county jail, where he was held a prisoner for debt. During his trial, a short time previous, he had conducted his own defense, and had given unmistakable evidences of insanity. In the sleeping apartments that were assigned to him he was allowed the use of his knife, razor, &c. He was found dead upon his bed, with wounds in his throat and abdomen, and a penknife lying by his side. Three letters were discovered in a box in his room. The following was addressed to the governor of the jail.

“I am known to Mr. Herschell, the chaplain, and I have no doubt he will take the letter addressed to my wife to her home. I will, however, express my wish, and leave it perfectly optional with him to comply or not, as he pleases. I should wish him to ask Dr. Williams to accompany him, by the eleven o’clock train, to Newham, then take a conveyance and call on Mrs. Jolly, at Littledean, and request her to accompany them to my wife at Cinderford. Should she not be at home, she will be at Drybrook, at my sister’s, whither they must follow, and break the intelligence to her as gently as they can. I think, when Dr. Herschell reads my dying affirmation that I am the long-expected Messiah to his people, he will comply with my request; and, strange as it may appear, I would rather receive such a little favor from him than I would from a Gentile, even though I am incarcerated at the suit of the Jews. I do not forget that the veil is yet upon the mind of the Jews, and when they turn to me the veil will be taken

away. I have not sealed any of my letters, and yourself and Mr. Herschell are perfectly welcome to peruse them. I die calmly and innocently, and in the fullest possession of all my faculties."

In a letter to the coroner, the deceased, in reference to the inquest which he expected would be held on his remains, says: "On the one hand, you will have the solemn assurance that I am the Son of God—the Lamb slain from the foundation of the world, and on the other the oppressive, fearful fact, that I died by my own hand. You will hardly dare bring in a verdict of temporary insanity, because of the deliberation, forethought, and predetermination in which it was accomplished, and because my resurrection from the dead at the end of three days and three nights would manifest such verdict to be an infamous libel and blasphemy. There will then remain the other reasons for your verdict—namely, *felo de se*; and will you bring in such a verdict? And yet, how can you consistently with your unbelief and hardness of heart come to any other conclusion?"

In a letter which the deceased had addressed to his wife, he invoked her to interfere in no way with the disposal of his body, and abounded in references to religion and to the delusions under which he was laboring; fixed his second birth as having taken place in 1852, since which time he had been coequal with the Deity. The wife of the deceased, in her evidence before the coroner's jury, stated that her husband had had most extraordinary delusions for many years. He believed he was the Son of God and Elijah, and prophesied the end of the world. Previous to his going to the lunatic asylum he jumped out of a window, and said he was going to the Lord. A *post-mortem* examination of the body showed a diseased state of the brain, sufficient to account for the mental aberration.

TWELFTH ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.—At its Eleventh Annual Meeting, held at Cincinnati, the Association adjourned to meet in New York City, on the third Tuesday in May, 1857.

A paper on *Moral Insanity*, intended for the present number, is unavoidably deferred until our next issue.



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